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LARGE FEES

AND HOW TO GET THEM

A BOOK FOR THE PRIVATE USE
OF PHYSICIANS

BY

ALBERT V. HARMON, M.D.

WITH INTRODUCTORY CHAPTER BY

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W. J. JACKMAN, PUBLISHER

121-127 PLYMOUTH COURT
CHICAGO

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LARGE FEES

AND

HOW TO GET THEM



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PREFACE

There are some methods explained in this book which the author does not endorse. They are printed because they are necessary to a thorough understanding of the subject. Newspapers publish reports of murders, but this does not imply endorsement of the crimes.

Aside from these features there are many things which the practicing physician may read and follow to his advantage. The introductory chapter by Dr. Lydston will be found to be of special interest.

THE AUTHOR.



CHAPTER I

MEDICINE AS A BUSINESS

By G. Frank Lydston, M. D.

As a general proposition it is safe to assert that the practice of medicine from a business standpoint is a failure. The successful exceptions merely prove the rule. It is also safe to assume that the elements of financial non-success are cumulative in their action—a fact that is easily proved by hospital and dispensary statistics.

The practitioner of medicine, like every man who relies on his own hand and brain for a livelihood, is entitled to a bit of earth that he and his may call their own, at least a modest competence, and a well-earned rest when his sun begins to set and the twilight of his life approaches. How many doctors are in a position to enjoy or even render less awesome their twilight days? As city doctors are all supposed to be rich—at least by the public, that does all it can to prevent their becoming so—it would be interesting to know what proportion of them, even in metropolitan medical centers, own their own homes or have property investments. A far smaller proportion than is just, I fancy.

The assertion has been made that the general poverty of the medical profession is due to a lack of appreciation and a contempt for the rights of the medical man on the part of the public at large. This, however, is a secondary matter which, being self-evident, overshadows the primary cause—the asinine stupidity of the profession itself. As a broad, general proposition the reputable profession as a whole has about as much sense as the dodo, and, unless signs fail, will, sooner or later, meet the fate of that remarkable bird. How the profession can expect the respect and appreciation of the public when it has no respect or appreciation for itself is difficult to conjecture. The public cannot be expected to keep clean the nest of the medical dodo. Furthermore, the public quite rationally values the stupid thing according to its self-appraisement.

Primarily, the practice of medicine is supposed to be founded on a mawkish, blanket-like sentiment of philanthropy, which is expected to cover both God's and the devil's patients—the pauper and the dead-beat—the honest man and the rascal—the rich and poor alike. The doctor is expected to wallow eye-deep in the milk of human kindness, scattering it broadcast for the benefit of humanity, but he is in no wise expected to even absorb a little of it, much less to swallow a gulp or two occasionally for his own benefit. By way of piling Pelion upon Ossa, the public, having discovered that the doctor sets little value on his own services, proceeds to eye him with suspicion; the tradesman is very careful how he trusts doctors. Of course the tradesman has his own family physician

“hung up” for a goodly sum, but—knowing doctors to be poor business men—the tradesman often cheats them in both the quality and price of goods.

It is a great and goodly game that plays from both ends and catches the victim in the middle. The tradesman has one redeeming feature, however; he does his best to teach his doctor patrons a lesson. He either sends his goods C. O. D., or, if the doctor be one of the favored ones, he finds the bill in his mail bright and early on the first of the month. I often think my tradesmen must sit up all night in order to get their bills in bright and early on the first. If not paid by the 15th, a collector is usually at the doctor's office to see about it.

Yet the professional dodo—my apologies to the shade of the “sure enough” dodo—will not learn. He goes on and on, neglecting his accounts, mainly because he is afraid of offending his patrons and driving them off to some other doctor who isn't so particular; and the worst of it is, there are plenty of contemptible fellows who draw their own salaries promptly when due, or present their bills for goods with frantic haste, who consider a doctor's bill a flagrant insult. Will nothing ever inspire the doctor with courage enough to despise and ignore such contemptible trash? Does he prefer the role of a lickspittle to that of an independent and self-reliant man?

As illustrations of the value the profession sets on its skill and learning, the amount of gratuitous work done is striking. Our pauper—or pauperized—patrons are divided into several classes, viz.: 1. The free hospital, clinic and dispensary class. This is on the increase. According to Dr. Frederick Holme Wiggin, 51 per cent of all cases of

sickness in New York City are now classed medically as paupers, as against 1.5 per cent twenty years ago! This is appalling. Of these alleged paupers it is safe to say that 75 per cent are able to pay full or at least fairly good fees. Why should pauperism be shown so prominently in the matter of medical bills, as compared with other necessities of life? And why should the profession carry a burden that belongs to the public? 2. Free patients of the private class: (a) those who can pay but will not, i. e., dead-beats, and swindlers; (b) persons whose circumstances are such that the doctor feels in duty bound to render no bills; (c) persons who presume upon social acquaintance with the doctor to "hold him up" for friendly, perhaps informal, consultations.

It requires no great mental effort to see the terrible load the profession is carrying—self-inflicted, and often for fallaciously selfish motives, it is true, but none the less heavy. The college and free hospital may be the professional "old man of the sea," but so much the worse for the medical Sinbad. Whatever the explanation, private practice is on a par with dispensary practice with regard to the impositions practiced on the doctor. It is safe to say that, of the sum total of surgical and medical patients of all kinds and social conditions under treatment in Chicago at the present time, over one-half are paupers—honest or dishonest. Pay the doctor for the work involved in this wasted and misapplied charity, and the medical profession would plunge into a sea of prosperity that might swamp it. And it is not only the rank and file of the profession that suffers. Ye celebrated professor, reaching out for

glory, yea, into infinite space, clutching frantically at everything in sight, no matter how profitless—providing the other fellow doesn't get the case—often defeats his own ends. And the great man dies, and is buried, and we take up a collection for his widow, to meet his funeral expenses, and sell his library—six feet of earth make all men of a size. *Sic transit gloria mundi.*

And when, like dog, he's had his day,
And his poor soul hath passed away,
Some friendly scribe in tearful mood
Will tell the world how very good
The dear departed doctor was—
And thus win for himself applause.

One of the most potent causes of professional poverty is the mania of the doctor for a pretense of well-doing. He exhibits this in many ways. One of the most pernicious is an affectation of contempt for money. This it is that often impels him to delay the rendering of his accounts. Oftentimes his patient offers to pay all or part of his bill. With a lordly and opulent wave of his marasmic hand the doctor says, "Oh, that's all right; any time'll do." And the triple-plated medical imbecile goes on his way with a dignified strut that ill befits the aching void in his epigastric region, and is decidedly out of harmony with the befringed extremities of his trousers. And then the doctor apologizes to himself on the ground of a philanthropy that is but the rankest and most asinine egotism *en masque.*

When will the doctor understand that payment deferred

maketh the patient dishonest? When will he consider the necessities of his wife and children as outweighing the feelings of the patient who owes him money? When will he be a man, and not a time-server and truckler to appearances? He would take the money did he not fear the patient might suspect that his doctor was not prosperous. He wishes the patient to think that the doctor and his family dine with the chameleons, or are fed by ravens. Yet the medical Elijah waiteth in vain for the manna-bearing birds—they know him for what he is, a counterfeit prophet who vainly yearns for the flesh-pots of Egypt—who has a ponderous and all-consuming desire for pabulum, and a microcephalic capacity for finance.

Doctors are supposed to be keen judges of human nature. I often think this is absolutely without foundation. Defective knowledge in this direction is a very expensive luxury to the medical profession. The confidence man and sharper cannot fool the average doctor into buying a gold brick, perhaps, but they can come very near it. The oily-tongued and plausible man with a scheme finds the doctor his easiest prey. The doctor has often hard enough work to wring a few dollars out of his field of labor, and it might be supposed that it would be difficult to get those dollars away from him, but no, it's only too easy. He bites at everything that comes along—he often rises to a bare hook. Mining stocks, irrigation and colonization schemes, expensive books that he doesn't want, will never need and couldn't find time to read if he would, histories of his town or state in which his biography and picture will appear for \$100—proprietary medicine schemes, stock in publica-

tions of various kinds; he bites at everything going—he has *embonpoint cerebrale*. Oh, but the doctor is easy! I have very painful memories. The best investment I ever made was when I paid a fellow for painting a sign for the door of my consultation room, reading: “Notice—Persons with schemes will please keep out. I have some of my own to promote.”

It is rather a delicate matter, perhaps, for a college professor to touch on the evils of medical colleges in their relation to the business aspect of medicine, but I shall nevertheless speak plainly and to the point. While theoretically the better class of medical colleges were founded solely for the advancement of science, it is none the less true that self-aggrandizement has been the pedestal on which most of our disinterested giants in the teaching arena have stood and are standing. Remove the personal selfish interest of college teachers and most of our schools would be compelled to close for lack of instructors. Let us be honest with ourselves, please. Not that self-interest is reprehensible—I hold the contrary. One may teach for salary, reputation, the love of teaching, or a desire for self-improvement, it matters not, for if he be of the proper timber he is the right man in the right place. Self-interest makes better teachers on the average than philanthropy, providing the primal material is good.

Granting that self-interest is the mainspring of the college professor, is he very “long-headed” from a business standpoint? I submit the following propositions as proving that the average college professor defeats his own ends.

1. He devotes to teaching, time and labor over and above the exigencies of ordinary practice, which, if devoted to cultivating the good-will of the laity, would be much more profitable.

2. While cultivating the acquaintance and friendship of the alumni of his own school—a few each year—he alienates from himself the friendship of every alumnus of every rival school, the instant he begins teaching.

3. He assists in educating and starting in life young, active competitors to himself.

4. He is unreasonably expected to devote a large percentage of his time to the gratuitous relief of medical students and physicians. He may give his time cheerfully, but he yields up his nerve force just the same.

5. Most college professors are less successful in the long run than the more fortunate ones of the rank and file who have never aspired to teaching honors.

6. Greater demands are made on a professor's purse than if he were in the non-teaching ranks of medicine. He, more than all others, is expected to put up a prosperous appearance.

The college clinic—especially of the surgical sort—is far-reaching in its detrimental effects on professional prosperity. Few or no questions are asked, and the millionaire is being operated on daily, side by side with the pauper, free. And the blame does not always lie with the professor who runs the clinic. General practitioners bring patients to the free clinics every day, with full cognizance of their ability to pay well. Why doctors will persist in thus cheapening surgical art is difficult to conjecture—but they do it just the same.

Of course, the college clinic is supposed to be a theater of instruction. Often, however, it is but a stage on which comedy-dramas are enacted. A brilliant operation that nobody six feet away can see, and an operator bellowing at his audience like the traditional bull of Basham—in medical terms that confuse but do not enlighten, terms that are Greek to most of the listeners—this is the little comedy-drama that is enacted for students who have eyes but see not; who have ears but hear not. Instruction? Bah! Take the theatric elements and the plays to the gallery out of some college clinics and there wouldn't be a corporal's guard in attendance.

Worse than the free clinics are the so-called charitable hospitals. Much has been said of dispensary abuses, but few have had the courage to say anything in adverse criticism of these institutions. While nominally founded to fill "a long-felt want"—and the number of long-felt wants, from the hospital standpoint, is legion—these hospitals are founded on strictly business principles, save in this respect—the people who found them feed on their innate capacity to get something for nothing. The first thing the founders do is to get a staff of doctors to pull the hospital chestnuts out of the fire. The members of the staff think that the hospital is performing the same duty for them, and everything is serene. And so the surgeon goes on operating on twenty patients—fifteen of whom are able to pay him a fee—in the hope that one among them all is *willing* to pay him a fee.

Exaggeration? Well, I cannot swear to the accuracy of the foregoing, but an eastern surgeon of world-wide

fame once told me that for every patient who paid him a fee he operated on nineteen for nothing; and this man has no public clinic, either. Is it conceivable that the nineteen free patients are all paupers? Many of them go to my friend for operation from very long distances. Ought the railroads and hospitals to have all the profits? Have we not all had similar experiences in a lesser degree? With the development of charitable hospitals far in excess of any legitimate demand, it has come to pass that surgery is almost a thing unknown in general city practice. Even the minor operations have left the general practitioner—to return no more so long as there are free hospitals and dispensaries. Where is the emergency surgery, of which, in former days, every practitioner had his share? Railroaded off to the “charity” hospitals to be cared for gratis.

In a recent conversation with a practitioner of thirty years' experience, I said, “Doctor, you used to do a great deal of general surgery throughout this section of the city. Have the hospitals affected your practice in that direction to any extent?” He replied, “Surgery with me is a thing of the past. Even emergency cases are carted off to the nearest hospital. If by chance one does fall into my hands, it is taken away from me as soon as I have done the ‘first-aid’ work.” Personally, I see very little use in teaching surgery to the majority of students who intend to practice in our large cities—they will have little use for surgical knowledge.

Here are three cases in illustration of the way our “charitable” hospitals antagonize the business interests of the profession:

- 1.—A very wealthy farmer engaged me to perform an

exceedingly important operation. It was understood that \$1,000 was to be the honorarium. He was afterwards advised to go to a certain "religious" hospital, where he was operated on by an eminent surgeon, who received nothing for his services. The patient paid \$15 a week for hospital accommodation, and \$25 a day to his family physician, who remained with him "for company." What a harmonious understanding between the patient and his family doctor—and what a "soft mark" that surgeon was. I had the pleasure of telling the latter of the gold mine he didn't find, some time later, and the shock to his system amply revenged the body surgical.

2.—A patient who was under my care for some weeks and paid me an excellent fee finally divulged the fact that he had meanwhile been living at a certain hospital as an "out patient," at an expense of \$8 a week. He had become dissatisfied with the hospital attention, he said, and, pretending great improvement, was permitted to get about out-of-doors.

3.—A man on whom I operated and who paid me my full fee without argument or question, came to me directly from one of our large hospitals, where he had been sojourning for several months.

That medical men in hospitals are imposed on is a trite observation. So long, however, as it appears to be the doctor's advantage to be on a hospital staff, plenty of men will be found who will be glad of the chance. As for the injury which the system inflicts on the profession at large, that is no argument with the individual. Human nature operates here as elsewhere. Knowing that the system is bad, we are all anxious to become victims.

In recommending the payment of salaries to hospital men, the *Cleveland Medical Journal* claimed that such a plan will remedy all the evils incident to the professional side of hospital management. I do not agree in the opinion that the payment of salaries to the staffs of institutions for the care of the sick will alone correct the evils of such institutions. The writer of the aforesaid editorial is incorrect, also, when he says that an awakening is at hand. No, not at hand; it is coming, though; the handwriting is on the wall. When the revolution does come, this is what will happen:

1.—Hospital physicians and surgeons will be paid salaries.

2.—Hospitals will take as free patients or patients who pay the hospital alone only such persons as rigid investigation has shown to be indigent. All others will be compelled to pay their medical attendants, just as in private practice.

3.—Certificates of indigency will be required of every free patient, such certificate being signed by the patient's attending physician—outside of the hospital—and at least two other persons in the community where he or she resides.

4.—General, and especially country, practitioners will cease to deceive hospital doctors as to the circumstances of their patients. One medical man should not impose on another.

Too much trouble, eh? Well, my friends of the hospital and dispensary—for the same charges should apply to the latter—you must either take your medicine or the revolu-

tion will go farther and this is what will happen: The profession at large will boycott every man who runs a college clinic, and every hospital and dispensary man. It will fight colleges and hospitals to the bitter end.

The day is perhaps not far distant when doctors outside of colleges and hospitals will run their private practices on the co-operative plan, thus dealing a death blow to the free clinic and dispensary. Every man of prominence will have his own private clinic and advertise it among his patients. What is fair for twenty or thirty men is fair and ethical for one. Each man can have his own hours for the poor; he can eliminate the unworthy ones, and, best of all, he can refer all his dead-beat patients to his clinic. Pride may bring fees from patients to whom honesty is a thing unknown. The private hospital will run most of the public hospitals off the earth. There will be no room for anything but municipal hospitals run squarely and fairly for charity, and reputable private hospitals run frankly for pecuniary profit, in which the operation and the attendance fees are the chief factors. Such hospitals will benefit, not hurt, the profession.

One of the most vital flaws in the business sense of the general practitioner is his penchant for hero worship. He hears of the medical tin god from afar, and burns incense on the altar of his greatness. The great man pats the humble doctor on the back, calls him a good boy, and tells him just where to take all his cases. Sometimes he offers to divide fees with him.

The medical tin god is truly a "self-made man in love with his maker." He has "genius stamped upon his brow—writ there by himself." His evolution is interesting. It is

history repeating itself: Apsethus the Libyan wished to become a god. Despairing of doing so, he did the next best thing—he made people believe he was a god. He captured a large number of parrots in the Libyan forests and confined them in cages. Day after day he taught them to repeat, “Apsethus the Libyan is a god,” over and over again. The parrots’ lesson learned, Apsethus set them free. They flew far away, even into Greece. And people coming to view the strange birds, heard them say, “Apsethus the Libyan is a god; Apsethus the Libyan is a god.” And the people cried, “Apsethus the Libyan is a god; let us worship Apsethus the Libyan.” Thus was founded the first post-graduate school.

The medical Apsethus and the deluded parrots of the medical rank and file are here, and here to stay, until both are starved out. And the modest general practitioner looks up to the medical tin god and wonders “upon what meat does this our Cæsar feed that he hath grown so great?” The meat of industry? Perhaps. The meat of prodigious cerebral development? Seldom. The meat of opportunity? Yea, yea, my struggling brother, “and the devil take the hindmost.” But, more than all, he hath fed on the meat that the parrots have brought him—Elijah’s ravens were not a circumstance to those parrots. “In the kingdom of the blind the one-eyed man is king.”

How long will the general practitioner continue to play parrot to the medical tin god of the charitable hospital the very existence of which is a menace to the best interests of the profession—the profession for which the institution has no charity? In that happy time to be there

will be no tin gods. There will be a more equable division of work and every prosperous community will have its up-to-date private hospitals with up-to-date men at the head of them.

As for the post-graduate teacher—good or bad—he is already defeating his own ends—he is exciting ambitions in the breasts of his pupils. Here and there among them is an embryo McDowell, a Sims, or a Battey. The backwoods country produces good, rich blood and virile brains. And the Sims, and McDowells, and Batteys of the future will be found in relatively small places, doing good work, and then—good-bye to the tin god and his horn, “for whosoever bloweth not his own horn, the same shall not be blown.” And in that day the parrot shall evolve into an eagle, and the hawk had better have an eye to windward. Meanwhile, hurrah! for the post-graduate school and its pupils, and more power to the tin gods.

This business handicap is so self-evident that it is hardly necessary to touch on it. We raise the standard of medical education year by year, yet the mushroom colleges do not go—they are here to stay. If one-half the colleges were wiped out of existence there would still be more than enough to supply the demand for physicians. We have done the best we could to breed competition by manufacturing doctors, and we are doing all we can to make that competition first class—a queer business proposition in force of the oversupply of doctors. We are unjust, too, to the men we educate, by offering them inducements to enter an already overcrowded profession—but so long as human nature is as it is I see no way out of the dilemma.

There was once a time when it appeared a goodly thing for the chosen few to get together like the "three tailors of Tooley street," and, after establishing to their own satisfaction the fact that they were indeed "the people," formulated rules for the guidance of the many. These rules were called "ethics." And the profession has been wrestling with its ethics ever since, trying to determine what it was all about anyhow. The ethical garment of half a century ago no longer fits—it is frayed and fringed, and baggy at the knees; full many a patch has been sewed on it, in individual attempts to make it fit from year to year, until it is now, like the Irishman's hat, respectable by age and sentimental association only. And the public, the ever practical and heartless public, has also wondered what 'twas all about, and exhibits little sympathy for a profession which, while driveling of ethics, has "strained at gnats and swallowed camels."

Who does not remember when all the wiseacres with number eighteen collars and number five hats seriously discussed the relative propriety of "Specialty" vs. "Practice Limited," on professional cards? How times have changed. And then came the discussion by a learned society, of the ethical relations of "Oculist and Aurist" to "Practice Limited to Diseases of the Eye and Ear." And it was decided that men who had the former on their cards were not ethical and could not enter that society. Ye Gods! Is the fool-killer always on a vacation? Must we always see those long ears waving over the top of the ethical fence, built by the fat hogs to keep all the little pigs out of the clover patch? What is the public to think

of a profession that winks its other eye at the man who prints on his cards, "Diseases of Women Only," but rolls up its eyes like a dying rabbit at the sight of a card reading, "Diseases of Men Only?" What has raised the woman with leucorrhea to a more exalted plane than that occupied by a man with prostatorrhea, does not appear. Why so many inconsistencies, and why such hypocrisy!

Sir Astley Cooper had his own private "hours for the poor." Our European brethren print their college and hospital positions and all their titles on their cards. Are they less ethical than we? Homeopathy is a dead duck over there, and quackery has a hard row to hoe in Europe—queer, isn't it?

Our system of ethics has not only been hypocritical, but somewhat confusing. The young man on the threshold of medicine doesn't know "where he is at." He is confronted by the unwritten law that only celebrated men and quacks may advertise. Small fry, who haven't the ear of the newspapers nor a chance for a college position, are tacitly ordered to keep their hands off. And the young fellow watches the career of the big man, who hides every other man's light under his own bushel, and marvels much. Especially does he marvel at the accurate photographs, life histories and clinical reports of his more fortunate confrères that appear in the newspapers without their knowledge.

Experiences differ. I haven't yet got around to newspaper clinical reports, but it has been my fortune to be "written up" on several occasions. I do not recall that the newspapers drew on their imaginations for my photograph. I wish I might think so, and that their imagina-

tions were distorted—the result was so uncomplimentary.

So far as I can learn, nobody protests against being legitimately represented in the newspapers. Why not be honest about it? The hypocrisy of some men is sickening. Paying clandestinely for newspaper write-ups is despicable, yet some of the very men who protest that they “really don’t see how that could have gotten into the papers,” have paid for the advertising in good “coin of the realm.” It is queer that the newspapers should write up the most minute details of the wonderful exploits of some poor fellows, together with their family histories, and publish their photographs, without their knowledge or consent—especially queer when we read in conclusion that “Professor John Doe is the greatest surgeon that ever lived.” Why not come out and acknowledge that these are paid for? This would give an equal chance to all, and especially to young fellows who have money enough to pay for similar things. He who has not the price should not find fault with the fellow who has, for, “business is business.” Meanwhile, my young friends, remember that “big mountains may do what little mountains may not do.”

When Koch’s tuberculin was yet new, soon after it escaped, half-fledged from the laboratory, only to be captured and made to perform like a trick monkey for the benefit of the laity, there came a ring at the phone of a prominent daily paper: “Hello, is this the *Daily Bazoo*?” “Huh, huh, it are.” “Well, I’m Dr. Squirtem Galls. I wish you would send a reporter over here at once. I want to be interviewed on Koch’s tuberculin.” It is said

that \$25 changed hands, but I don't believe it. The gentleman would never advertise—at that rate—"no sir-ree." My informant was once the sporting editor of the *War Cry*, and hence unworthy of credence.

And what wonderful contributions the newspaper-great-men are making to science! The daily paper is the place to study appendicitis and things. It is not long since I learned from a distinguished surgeon friend of mine, via a daily paper, that evidence of a blow having been received on the head is an imperative indication for craniectomy, whether symptoms are present or not.

In preference to the clandestine methods now in vogue, would it not be better for men in authority to write signed articles for the newspapers and intelligently present medical matter to the public? But that wouldn't be ethical, would it? Such topics as "Advice to Young Men," "Letters to Young Wives" and "How to Keep Healthy," must be left to the quacks. We will confine ourselves to the surreptitious blowing of surgical horns and never mind the false notes.

Meanwhile, let us stand back and watch the procession of modest men who never advertise—oh, no! At the head, with haughty mien, comes Professor Keene Carver, preceded by a herald in blood-red garb, blowing a large brass horn. Then comes the "bearded lady," whose blonde and breezy whiskers so delight the heart of his swell society *clientele*. And here comes Rip Van Winkle—a middle-of-the-road "eclectic," gathering up his long and weedy beard to keep it from getting tangled up in the scientific barbed wire fence along the route. And here

comes another sure-enough "regular," evidently a medicine man—so rare nowadays. He is riding in a swell turnout and is on his way to his clinic. How do I know that Professor Windy Bowels is a regular? Because the gentleman who is riding beside him to his clinic is a reporter on the Chicago *Daily Jib-boom*.

I presume that the suggestion that I have made of the advisability of taking the public frankly into our confidence and giving it accurate information so far as its comprehension goes, by signed articles, in preference to clandestine advertising and the promulgation of fallacious ideas of medicine and surgery, will meet with bitter opposition. I nevertheless believe that a better education of the public is the only way to down quackery. The opposition will come chiefly from the surreptitious advertiser, who sees a prospect of other men getting the advertisement that he believes to be his proprietary right.

Then there is the tribe of the Microcephali. The howl of protest will be long and loud from the pews occupied by these far-famed champions of medical orthodoxy. "We won't put *our* discoveries or contributions in the newspapers—not ever." And gazing at their lemur-like front elevations, we can well believe that they they would have no trouble in establishing a "halibi."

Apropos of "discoveries," it may as well be understood that the public is bound to get the details of them sooner or later, and, when the time is ripe, the matter should be presented to it in a clear and intelligible form—comprehensible to the layman.

CHAPTER II

THE PHYSICIAN WHO SUCCEEDS

To a great extent Nature has a commanding influence in the equipment of the successful practicing physician,—the man who actually secures the desired results in his treatment of patients, builds up and retains a good practice, and obtains a financial income of respectable proportions.

Any man of ability, with the necessary education and training, may obtain a certain amount of success as a physician and make a modest income—or drag out a miserable existence; this latter is the most probable. It is a well-established fact that the great majority of physicians are not what the world would call prosperous. This is not because they do not earn enough to secure a competence, but because they do not get it.

The doctor's bill is almost invariably the last one paid. His practice is generally among the middle classes, people whose intentions are good, but whose incomes are limited. If there is anything left after the rent, and grocery and butcher and other bills are paid the doctor will,

perhaps, get something on account, but as a rule he doesn't.

This is mainly owing to the fact that the average physician is a poor business man; he does not place an adequate value on his services, and is slack in looking after collections. If pressed by his wife, or some friend, to be more particular in this respect, his almost invariable reply will be:

"It would not look well for me to put myself on the same plane with merchants. Mine is a profession, not a trade. Besides, I'm in duty bound to do a certain amount of charity work."

Now charity work is all right in its place. An honest, upright practitioner will never refuse to respond to a call for his services in deserving cases because the payment of his fee is uncertain, but this does not obtain to the extent of virtually making paupers of people who are actually able to pay. And yet this is really what happens when a physician conducts his business affairs in a slipshod manner, and this is what most of them do. There is no excuse or reason for it.

But we started in to tell of Nature's part in the equipment of the successful physician. What is the equipment? The possession of a robust, healthy physique, a sunny, cheerful disposition, and a fair knowledge of medicine, and ordinary business ability. All are essential if real success is to be attained, either in a medical sense, or in the accumulation of a respectable income.

Let us take two instances for the purpose of comparison. In one case we have a practitioner with just a fair

knowledge of medicine, but in the possession of all the characteristics mentioned. His very presence in the sick chamber acts as a tonic to the patient.

Then we have a thin, undersized, nervous, dyspeptic physician; dissatisfied with himself and the world generally. He is a thorough master in medicine, and his treatment is more scientific than that of his less learned brother. His presence in the sick chamber, however, has anything but a soothing effect on the patient. On the contrary it irritates him, and the effect of the scientific treatment is nullified. This is not an exaggerated case. There are thousands of just such men in practice.

Which practitioner is going to have the greatest meed of success? The answer is easy—the one who cheers and encourages his patient by the magnetism of his presence.

Talk as we may, suggestion is a powerful factor in the practice of medicine. I do not mean by this that suggestion alone will cure illness (this statement is made without intention of affronting those who believe in Christian Science). But there is ample evidence to the effect that suggestion goes a long ways in making medical treatment effective. It is only the physician whom Nature has equipped in the manner indicated who can offer the right kind of suggestion and he does it unconsciously.

A physician of this kind is bound to become popular, and popularity begets a large practice and commensurate fees, provided the practitioner is in the right location, and has the business acumen to place the proper value on his services.

From time immemorial physicians have been imbued

with the idea that they must adhere to a set scale of fees. I am speaking now of the average doctor, the man with a general practice. All patients, the laborer and the banker, the wage earner and the millionaire, are charged the same. In the country districts, the small towns and cities, this charge is usually one dollar a visit. In the larger places it is generally two dollars.

Why should this be so? The architect, the attorney, the civil engineer are all professional men in the same way that the physician is. Whoever heard of any of them adhering to a set scale of fees in the same way that doctors do? Invariably they regulate the charge for their services according to the money value involved, and the nature of the services required. The man who employs an attorney in litigation where a large money value is at stake naturally expects to pay a much larger fee than the man who employs the same attorney in a minor case. The man who wants plans for a million dollar building pays the architect greatly in excess of the one who builds a one thousand dollar house. The principle is sound and all parties concerned are satisfied.

In the eyes of the Almighty all human lives are of the same value, and it would be cruelly unjust to attempt to appraise them on a commercial basis. But this should not prevent a physician from grading his fees in proportion to the ability of his patients to pay them. What might seem like a large amount to a wage earner, would be a mere trifle to one in more affluent circumstances. The lives of both are equally dear to them, and both are willing to pay the doctor according to their respective ability.

Custom, the mother of much folly, is the only excuse for adhering to the old, antiquated system. A physician who is called out of bed on a stormy night to answer an emergency call from the home of a coal heaver would not be justified in asking more than the minimum fee. But why should he perform exactly the same service at exactly the same charge for one who is able and willing to pay ten times as much, or even more? It is not sensible, it is not fair.

"But it would be a violation of the code of ethics," some one may say. Bah! The code of ethics be — but that's another story which will be told later on in this volume. The plan suggested, however, is not a violation of the code of ethics. There is nothing unethical in a physician regulating his fees to please himself, provided no injustice is done, and none of his patients is oppressed in this respect. There are certain physicians in the large cities who will not respond to a call for less than \$25. There are others who perform the same services for \$2. Yet both kinds are strictly ethical and are recognized by the medical authorities as such.

The reason for this wide difference is that the \$25 men have used business tact in the practice of their profession, and elevated themselves to a position where, by reason of their prominence, they are justified in naming whatever fees they think they can get. And these fees are almost invariably cash.

On the other hand the \$2 men are timid in a business way; they hide their light under a bushel as it were, and consequently lack widespread reputation. Their fees re-

main at \$2 because they don't ask any more, and their ledgers are laden with unpaid accounts.

There is no reason why a physician should not collect his bills with just as much promptness as a merchant. It is usually his own fault that they go unpaid. Statements should be sent out regularly on the first of each month, and if there is no remittance by the 15th, it can be found inconvenient to make any further calls. This, of course, is allowing that the patients are able to pay. Where real inability to meet the bill exists it becomes a matter for the physician to settle with his own conscience.

Our medical schools are full of young men who are wasting their time and doing the world at large an absolute injustice by studying medicine. They are doomed to failure before they are well started because Nature has not endowed them with necessary qualifications for successful practitioners. Their instructors realize it, but the tuition fees are needed for the support of the schools, and year after year big crops of alleged "doctors" are turned out. It might be unfair to refer to them as incompetent, and yet this is what many of them really are. Most of them know medicine theoretically and know it well, but lack the vital essentials of success.

It would be a simple matter of justice to these young men if some plan could be devised for weeding out those who are manifestly unfitted for the practice of medicine before they have wasted their time and money on medical instruction. So long as such a plan is lacking it becomes the duty of the individual to assume this responsibility himself. The mere desire to become a physician should

not satisfy the aspirant for medical lore. He should question himself closely as to his fitness. His character may be the best, his ability to acquire the necessary knowledge unlimited, but unless Nature has equipped him as previously outlined, the most he can hope to attain in the medical profession is mediocrity so far as actually helping the sick, and obtaining prestige and wealth are concerned.

There are men, it is true, of high standing in the profession, who do not possess these qualifications, but they are few in number and, as a rule, are consulting, rather than practicing physicians. Other doctors call upon them for advice because of their recognized skill and learning. They give this advice wisely and well, but in the sick room would fall far short of obtaining the same results which other men, more favored by Nature, obtain by acting upon the advice they give.

Time was when the word "physician," conveyed the idea of a man with a beard. The two were intimately connected in the public mind. In many parts of the country, especially in remote districts where modern ideas and knowledge of the germ theory have not penetrated, this relationship still exists. In such places a full beard is an efficient badge of the doctor's calling, and is essential in establishing his professional identity among the people.

Despite the wide-spread knowledge of the fact that beards are nothing more nor less than nests and hatching beds in which millions of disease germs find shelter, there are to-day numerous localities in which doctors as well as the laymen cling stubbornly to the belief that a physician without a beard is "no good."

"Go on, neighbor, don't try to fool me. That man's no doctor. How do I know? Why, he ain't got no beard."

This is no uncommon statement to encounter in rural regions, and even in some fair-sized towns. Even the doctors themselves do not appear to recognize the fact that it is possible to separate their beards from their profession, and that it would be to the benefit of their patients and the advancement of their own reputations in the end to do so.

Modern, well-educated physicians know that many, in fact nearly all the ordinary ailments, are of germ origin. They also know, for instance, that a patient suffering from typhoid, or typhus, or some like disease, is continually reproducing these germs in immense numbers. For a physician with a full beard to lean over the bedside of such a patient is to invite millions of these germs to invade his beard, and wherever he goes he carries these germs with him and spreads the disease.

It is bad enough when decent precaution is taken as the hair of the head, the mustache, and even the clothing itself will harbor too many of the bacilli. But to wear a beard is to greatly increase the accommodations for these undesirable lodgers. In this way the health and lives of thousands of people are daily jeopardized.

This is why beards should have no place on the faces of physicians, and the more highly educated and more progressive the physicians are the fewer will be the beards found among them.

Another thing is a prime requisite in successful practice and this is the most scrupulous cleanliness. This refers

not only to the person and apparel of the physician, but to the instruments which he handles.

Some years ago an Iowa cattleman suffering from a chronic trouble, came to Chicago for treatment which was administered hypodermatically. He made fair progress toward recovery, and finally was in condition to return home where the treatment was continued by his family physician.

For a time the reports made by the Iowa doctor were of a glowing nature. Mr. —— was getting along nicely, and the improvement in his condition was nothing short of miraculous. Suddenly word came that there was a change for the worse, and the Chicago specialist was requested to go to Iowa and make an investigation. He did so. On arriving in the town nearest the patient's home he first called upon the local physician and together they drove out to see Mr. —— . The latter was evidently fast approaching a collapse and the specialist was at a loss to account for the remarkable change. He was assured that his instructions had been closely adhered to, both the patient and the local doctor agreeing upon this point. Finally the specialist said:

“Doctor, let me see you administer the hypodermatic part of the treatment.”

The local physician took from his overcoat pocket a hypodermic syringe without case or other protection. This he stuck into the bottle of fluid which constituted the treatment, and was about to make the injection when the specialist shouted:

“Great heavens, doctor, don't do that! Let me see that

syringe a moment."

Holding the syringe up to the light the specialist found it extremely dirty on the inside of the glass barrel, and the needle point covered with lint. Calling the local physician into an adjoining room he said:

"My God, Doctor, it's a wonder your patient is not dead. You are poisoning him to death. How long is it since you sterilized this syringe?"

"Why, it was sterilized when I got it, wasn't it?" replied the local M. D. innocently.

"Yes," answered the specialist, "and my instructions were that it should be cleansed with alcohol before and after every injection, and sterilized in boiling water at least once a week. This has not been done."

Then and there the visiting physician opened the eyes of his country brother as to the grave importance of utter and absolute cleanliness in all branches of practice, and especially in the administration of hypodermatic treatments.

For nearly ten weeks this doctor had not cleansed the syringe. During all this time he had unconsciously been injecting into the system of his patient the most virulent of poison in the form of the decomposed lymph which remained in the syringe barrel, as well as such foreign substances as accumulated on the unprotected needle of the syringe.

And yet this "doctor" was popular and successful in a way, (in mild cases), despite his failure to keep up with the progress of modern thought. He was one of the old-fashioned full-bearded type, ignorant of germs and germ-theory, and too self-opinionated and set in his way to keep

himself posted as to what is going on in the world of medicine.

I wish I were able to state honestly that, in the instance here referred to, the patient recovered, but he did not. The damage had been done, and it was too late, when the specialist was called in, to overcome it.

This is a truthful narrative. It is being duplicated in many instances owing to the ignorance and incapacity of men who, while possessing diplomas, are really unfitted for the practice of medicine. It illustrates in a sad, but forceful way, the necessity of being "up to date," and mixing common sense with the medical lore acquired in the schools.

"Costly thy habit as thy purse can buy," should be the rule. A physician should never dress flashily, but he should be garbed well. It creates a good impression. The time and money expended on improving the personal appearance is well invested. Patronize a competent tailor. A portly, well-conditioned man, well clothed, and of sunny, cheerful ways, will work wonders in the practice of medicine. Impressions are created largely by appearances. The man who looks affluent, who conducts himself in a good-natured, dignified manner, will succeed even though he be lacking in a thorough knowledge of his profession. The man who is slouchy and ill-kempt, and who takes no pains to be pleasant and obliging, will fail, no matter how well grounded he may be in the science of medicine. Why? Because he will repel people instead of attracting them. This same rule holds good in all lines of business, but it is specially applicable to the practice of medicine.

CHAPTER III

THE BUGBEAR OF ETHICS

One of the first spooks with which the young practitioner will be confronted is the bugbear of Ethics—don't overlook the big E. It will be in front of him on graduation day, his preceptor will dangle it before his eyes as he hands him his papers, and it will be continually bobbing up after he has hung out his shingle.

Now ethics in its place is a good thing. It is especially essential in the medical profession in which, without a due regard for the proprieties, many men would be tempted to go astray. And this temptation is by no means slight at times. But there is such a thing as overdoing the ethical proposition. It becomes monotonously annoying for a man to have his every movement watched and judged from the ethical standpoint by a lot of self-constituted censors. The average physician, in his bearing toward his younger brother does not ask himself the old question, "Am I my brother's keeper?" Not at all. On the contrary the worst of it is he assumes an opposite attitude and by his actions asserts "I am my brother's keeper."

In a way these men assume the right to dog and spy upon the movements of other physicians on the plea that they are doing it for the benefit of the profession—to see that the great Code of Ethics is not violated. What they are really after, nine times out of ten, is to make sure that the young, progressive practitioner who has the tact and ability to build up a good-paying practice does not encroach upon their preserves. This is bad enough, but there is a worse side. In nearly every instance those who howl the loudest about violations of the code, are gross offenders themselves. This is a bold assertion, but the proof will be furnished later on.

One of the things specially cited as an unpardonable violation of ethics is the courting of newspaper and similar publicity.

“My dear boy,” one of these old-time offenders will say, “you must not allow your name to appear so frequently in print. It is undignified and unethical. Our profession is one of mighty dignity and responsibility, and you owe it to yourself and your brother physicians to avoid anything which tends to lower or debase it. I know it is only human to seek notoriety of this kind, and that it is valuable so far as the mere getting of money goes, but we must be actuated by higher, nobler motives.”

It is practically a certainty—with rare exception—that the man who gives this advice, is bending every energy, and using every possible means to secure the same kind of publicity. He knows that fame and wealth come from keeping one's name constantly before the public.

In every large city we will find physicians of wealth and

fame, of whose every movement the newspapers seem to have information in advance. How do they get it? Let us analyze the conditions.

Under his professional obligation Dr. Soakum is bound to observe and live up to the code of ethics. He prates loud and often about the beauties of an ethical life, and the uninitiated might well suppose that his was a model existence in this respect. But, is it not a trifle strange that whenever Dr. Soakum, owing to his great skill and fame, is called out of town to attend some prominent personage in another city the newspapermen know he has been summoned. More than this, they know where he is going, whom he is going to see, and what train he is going on. Strange, is it not?

It is no uncommon occurrence to read items like the following in the daily press:

Dr. Soakum, the distinguished specialist in chronic disorders, left for San Francisco yesterday, having been summoned by wire to attend the Hon. Million Moneybags, who is seriously ill with chronic nephritis. The patient, whose disability at this time is of grave import to a number of large business transactions, has been under the care of a number of famous physicians, but his great confidence in the skill of Dr. Soakum led to the hasty summoning of the latter.

Dr. Soakum, who was seen by our reporter just as he was boarding the Overland limited confirmed the report. He added that the time of his stay was uncertain, as the case is a most important one, and may demand his undivided attention for some weeks. During his absence Dr. Soakum's vast practice will be looked after by his associate, Dr. Bleedum. He added that he was both surprised and annoyed to think the news had leaked out.

Surprised! Annoyed! Not on your life. This was

only a bit of stage play, of dramatic action, on the part of Dr. Soakum. Real surprise, real annoyance and real anger would have resulted only from the failure of the reporter to appear after the careful arrangements which had been made to ensure his attendance.

How often have many of us read items like the following in the daily press:

At last there is hope for the consumptive. Dr. Killem, the eminent specialist, whose success in the treatment of tuberculosis has aroused wide interest in the medical profession, has made public the details of his treatment by means of which such wonderful results have been obtained.

"I would have done this long ago," said Dr. Killem to a reporter for the *Morning Howl*, yesterday, "were it not that I desired to be absolutely certain as to the permanent efficacy of the treatment. Now that there is no longer room for doubt on this point I feel at liberty to act.

"The essential feature in my method is,"—

And Dr. Killem goes on to give what he calls a professional statement, so involved and beclouded with high-sounding terms that the poor reporter makes a sorry mess of this part of his story.

Strange as it may seem this is just what Dr. Killem wants. He knows his treatment will not stand a scientific analysis by competent men, and he avoids this by intentionally leading the reporter to misquote. And then it gives him an opportunity to write a letter of protest to the newspaper and thus obtain more publicity.

"I'm chagrined," Dr. Killem will say to his professional brethren. "That reporter for the *Morning Howl* has made an ass of me, but I suppose there is no redress. I gave him a few, a very few facts, out of kindness, and he has

distorted them and made me ridiculous."

And all the time Dr. Killem is swelling with pride. He has "put another one over" on the press, and obtained a lot of valuable publicity that he could not have bought outright. Besides he would not think of doing such a thing as to pay for advertising—it would be unethical.

How do you suppose the newspapers get hold of such items? Reporters are a pretty smart lot of men with noses keenly trained on the scent of news. But none of them, so far as known, possesses the gift of being able to tell in advance what is going to occur at a given time. Smart as they are it would be out of the question for them to know that Dr. Soakum had been called out of town, or that Dr. Killem had interesting information to impart to the public, unless they got tips to this effect, and these tips are just exactly what they get.

None of these physicians have press agents. Perish the thought. That would be decidedly unethical, and too clumsily convictive. No siree. They are too smart for that. Most of them, however, especially those who work the press continually, have private secretaries. The private secretary work is light, and is attended to by stenographers and book-keepers, but the title affords a handy cloak for disguising the press agent. Ostensibly engaged as private secretaries the men who fill these positions know full well that their one and only duty is to "boost" the professional prowess of their employers; to keep them constantly before the public.

Frequently this work is done by men who have no open, direct connection with the physicians who employ

them; are not even seen around their offices. This is the latest dodge, and is becoming more and more general. It has one decided advantage in the fact that it is impossible to trace any collusion between the party who gives out the news, and the party who is benefited by the publication. It also has a further advantage. It enables the physician to put on an air of surprise, should he be questioned by a brother doctor, and say:

"Smith. Who is he? He is not on my office staff, and is certainly assuming a lot when he pretends to speak for me."

All of these press agents work on the same lines. They know the avidity with which city editors grab for news, particularly if it concerns prominent people. When the occasion arises they get into communication with some city editor, generally by phone. and a conversation something like the following ensues:

"Hello, that you Brown? This is Jones. Yes, the same, old man. Thanks. I've just got onto something that looks like a good tip, and I thought you would like to have it. Dr. Soakum has been called to San Francisco to attend old Moneybags, the trust magnate. If the old chap should die it would raise Old Ned in the stock market. I understand that Soakum goes this afternoon on the U. P. limited. Oh, don't mention it. I'm glad to be able to give you the tip. Hope you'll be able to get a story out of it."

Jones, the press agent, does not, of course, tell his city editor friend that there's \$25 in for him (Jones) if the story is printed. He's too smart for that. So far as the

city editor knows Jones is simply trying to do him a favor in a news way. The press agent is also smart in another direction—he does not call on the same city editor too often. It might arouse suspicion.

In nearly every city of any size there are a number of newspapers. Jones works them in rotation, so far as Dr. Soakum is concerned. First it is the *Morning Howl*, then the *Daily Screech*, next the *Evening Whirl*, and so on. Between the Dr. Soakum stories Jones works in items about other people, for the modern press agent is an enterprising chap who represents a number of clients all eager for publicity. A good press agent can look after the interests of a physician, a lawyer, an actor, and a promoter at all the same time, and not overwork himself. It's merely a matter of giving out the right tips in the right way. If the tip looks good the city editor and his staff does the rest.

To preserve his standing with the newspaper fraternity Jones very frequently, if he is a real live, first-class press agent, tips off a bit of actual news, something in which there is no \$25 for him, and which makes the city editors rise up and call him blessed. Incidentally it also makes them all the more willing to act upon his next tip, and this is just what Jones wants. He is merely sowing seed for the crop he is to reap in the near future.

And do reputable physicians countenance this sort of thing? you may ask. They certainly do; not all of them, it is true, but a big working majority. The large cities are full of physicians of wealth and fame who have been literally boosted into prominence by the newspapers.

Fancy the effect upon the public when it reads of Dr. Soakum being called to attend so distinguished a citizen as the Hon. Million Moneybags, or references to Dr. Killem, "the eminent authority on tuberculosis." It means a stream of dollars rolling into the pockets of the doctors thus referred to, and puts them in position to name larger fees.

There are times when as a matter of business precaution the press agent resorts to opposite tactics. It would not look well to be lauding Dr. Soakum all the time. So, having previously laid out the program with the former, the press agent hunts up another physician who knows how others are prospering through publicity and is not averse to having some of it for himself. The program is explained to Dr. Squills, and he writes to the newspapers, bringing to their attention some supposedly important medical subject. It may relate to hygiene, bad management of hospitals, unsanitary condition of street cars, the proper means of stopping the spread of tuberculosis, anything to attract public attention.

City editors, unless overcrowded with more important matter—and the press agent generally selects the opportune moment—will print this kind of "stuff" in full. Having printed it about the first thing they will do is to send out reporters to ask the "eminent Dr. Soakum" for his opinion on the subject. This is just what Dr. Squills was induced to break into print for. Dr. Soakum will endorse the latter's letter, praise it warmly and perhaps bring out some new points which Squills has purposely overlooked. This gives Squills a chance to come back

with a statement as to the importance of the suggestions made by Dr. Soakum, and the two old hypocrites thus get a lot more free advertising. All of which means more prominence, more fame, and more money.

Some years ago—about ten at this writing—a new treatment for chronic nervous and mental ailments was introduced. Its sponsors were men of high standing in the profession, instructors in leading medical colleges. That the treatment had great merit is undeniable; many wonderful results were accomplished with it. It also had great money-making possibilities, but the promoters did not know how to develop this feature.

Finally they engaged a press agent—we'll call him Mr. Johnson, because that is not his name. His terms were \$50 a week salary, and a royalty on the business. For three or four days Mr. Johnson did nothing except post himself as to the scientific features of the treatment and he was soon able to talk more glibly and intelligently about it than the physicians in charge. Then one day he said:

“Trot out some of your star cases. I want to look them over.”

Mr. Johnson went over the records carefully and selected one which seemed to give promise of producing a big free advertisement. It was that of a well-known, well-to-do merchant in a neighboring city who a year before had been seized with primary dementia. Homicidal tendencies developed and his family, on the advice of prominent alienists, placed him in a sanitarium, the physicians at which, as well as those called in by the

family, pronounced the case absolutely incurable and hopeless.

In time the new treatment was administered. In ninety days the patient was discharged as cured, returned to his home, and resumed charge of his business. To this day he is well mentally and physically, and no one, unacquainted with his history, would ever think he had been insane, and confined as a dangerous lunatic.

Having satisfied himself as to the accuracy of the story, Johnson's next move was to plan out a line of action. The story to be acceptable in a news way, and carry plausibility with it must come from the patient's home town. It would never do for Johnson to offer it to the newspapers himself. His connection with it must be carefully concealed. The first thing he did in this direction was to ascertain who handled the correspondence that was sent out to the big dailies from this particular town. He found that it was virtually in the hands of a Mr. Wheeling, city editor of a local paper.

Armed with this knowledge Johnson took a train and went to the town in question—it is only a few miles from Chicago—timing himself so as to arrive there when Mr. Wheeling had finished his rush work for the day. Arriving there he introduced himself to Wheeling as follows:

“My name is Johnson. Pardon me for intruding upon you, but I'm a stranger in town, with a little spare time on my hands, and being somewhat of a newspaper man myself it seems sort of homelike to poke around an editor's den. It's the best way I have of killing time and, if it doesn't annoy you, I'd like to pass away an hour or

so chatting over newspaper work and newspaper men."

Wheeling, a cordial, whole-souled chap, made Johnson welcome, and they were soon very friendly, exchanging reminiscences, and regaling one another with their experiences. Johnson was in no hurry to spring the trap. He was too smart for that. He produced some good cigars and, after they had talked for an hour or so, invited Wheeling to take dinner with him at the hotel. Wheeling accepted, and after the meal, when fresh cigars were lighted, Johnson proceeded to set his trap as follows:

"Once a man has the newspaper fever he never gets it out of his blood, at least not entirely. I'm better off now financially than I could possibly expect to be working as a reporter or editor, and yet frequently the old desire to cover an assignment, or write a good story, takes hold of me, and takes hold hard. It's galling for a man of my disposition to run against a good story and not be able to make use of it, but this is happening with me right along. Why this very afternoon, in conversation with a business friend just before I met you, I heard a story that's a corker, and would make a big sensation if it ever got into print. But pshaw, what's the use of talking, I'm simply not in position to make use of it, and might as well pass it up. It goes against the grain though, I can assure you."

"Why not give me the tip?" asked Wheeling. "I'm correspondent here for quite a list of papers, and a real live story, one that I could spread on, would mean considerable to me."

"Well," replied Johnson, "I don't mind giving you such

facts as I have, but of course I can't vouch for their accuracy. All I can say is that if your investigation establishes the truth of what I have heard all the big papers will want the story by the column, and then some."

Johnson then proceeded to outline the story to Wheeling, hesitating purposely as if not quite sure of the patient's name, and giving one that sounded much like it, but was not the real one. The trap was sprung. Wheeling knew the man, and at once realized that he was in line for a big Sunday spread. It would not do to waste so good a yarn on the daily issues in which a stick or two of space would be the limit when he could place a column or more in each of the Sunday papers. Wheeling furnished his correspondence at space rates, so much per column, and he naturally wanted to make the story as full and complete as possible.

That very night (it was Monday) he visited the home of the miraculously cured man. The latter talked freely, corroborating all the important details. Wheeling's next visit was to the home of the family physician, and there he got more corroboration. The next morning he wired the various Sunday editors as follows:

Prominent business man here, after being pronounced incurably insane by eminent specialists, and confined in asylum, fully restored to reason by new and novel treatment. Big story. How much?

He was swamped with replies. Every Sunday editor wanted more or less of it. Most of them wanted it in full, the orders reading something like this:

If sure of facts, and man is really prominent, send story in full. No limit. Also get pictures of patient, and others concerned.

The following Sunday morning every newspaper in Chicago fairly "shrieked" forth the news of the new treatment. It was given to the public in the form of a first-page story with the emphasis of leaded type, "scare" heads, and pictures of the patient. The Associated Press took it up and wired a report to all American papers, while a condensed statement was cabled abroad.

Nor was this all. Managing editors from New York to San Francisco, from Toronto to New Orleans, called upon their special correspondents to rush more particulars by wire. The managing editors of the Chicago papers instructed their city editors to obtain statements in full from the physicians interested, as to the scientific nature of the treatment, its history, etc. (The names and addresses of these physicians being given in the first story, the locating of them was easy—it was part of Mr. Johnson's plan.)

What was the result? The new treatment was immediately "boosted" into world-wide prominence. Half a million dollars would not have paid for the publicity it obtained in one week. Indeed it would have been impossible to buy this kind of publicity—straight news—at any price. It made fortunes for the men interested. To-day, ten years after this publicity, these men are still reaping its benefits.

Now these men, it should be remembered, were and are strictly ethical. They frown upon anything that smacks of violation of the code. They will not sell the

treatment to physicians who advertise. Their dealings are confined to those who can show a clean bill of health in this connection. To those who meet the demands in this respect they furnish the treatment at \$27.50 per 2-ounce vial; the cost of producing it is about 75 cents. Nice profitable business? Well, rather.

The lesson of all this is that it pays physicians to advertise, provided they do it in the right way, and are clever enough to hoodwink their professional brethren as well as the general public on the question of ethics. The man who openly engages a real press agent and pays his money for "display ads" in the newspapers is tabooed, his name is anathema. The man who engages a press agent quietly to get up schemes by which the gentlemen of the press may be worked for valuable publicity is thoroughly ethical, and remains in good standing in the profession.

Wherein lies the distinction? I must confess that it is too fine for me. Of the two the honor seems to be with the doctor who proceeds to ask for patients in a straightforward business-like manner, and pays the newspapers for the space they give him. On the one hand we have the man who pays for what he gets, while on the other we have him who, in reality, is obtaining goods under false pretences.

Just another point about ethics. It is strictly unethical for a physician to prescribe or administer a remedy the formula of which he does not thoroughly understand. But thousands of them are doing it daily. Where is the physician, for instance, who knows in reality, aside from the proprietors, the composition of Anti-Kamnia, but

does lack of this knowledge stop its widespread use? Not at all. It's the same way with acetanalid and scores of other preparations. Occasionally the proprietors of some remedies seek to ease the conscience of some extra scrupulous practitioner by printing what appears to be a formula. But in such cases there can be no assurance that the formula is correctly stated, the proper quantities given, or the method of preparation absolutely stated. In all such cases the alleged facts must be taken on faith.

The author has in mind one particular instance, the accuracy of which he can vouch for because he was interested in the preparation and sale of the remedy. A certain hypodermatic treatment was placed on the medical market "for the use of physicians only." To satisfy the ethical gentlemen the formula was given, and it was given correctly. Nothing, however, was said about the method of preservation. This was an important item as the remedy consisted of a combination of animal tissues and fluids which would decompose quickly, and if injected into the human system would work havoc. To keep it in condition for use, with its curative properties intact, it was necessary to put it through a preservative process in the course of which various chemicals and other substances were added. Nothing was said in the formula about this feature, nor did the strictly ethical physicians who used it make any enquiry about it.

Common sense, to say nothing about medical training, should have told them that a remedy prepared after the formula as stated must decompose rapidly unless some preservative process was employed, but a little thing like

this did not seem to bother them. They just simply glanced at the formula, wondered they had not thought of it themselves, and jabbed it into their patients according to directions.

What assurance did they have that, if the remedy was not properly preserved it would not injure, and perhaps kill the people upon whom it was used? What assurance did they have that, if the remedy had been put through a preservative process, it did not contain some substance which would be equally injurious? None whatever. Their actions were equivalent to saying they didn't care.

This, to the careful, conscientious physician, would seem like coming close to the danger mark, and so it was. To speak plainly it was little short of criminal carelessness, and yet these practitioners were all thoroughly ethical. The only possible excuse for them is to say they thought they knew, but this is actually no excuse at all as, under their obligation it was their duty to know beyond doubt what they were using.

As Dr. Lydston asks in the opening chapter, "Why not be honest" about this publicity matter, and, he might well have added, all the other features of modern medical practice as well. There is no excuse for honest practitioners leaving the use of the public press to quacks and fakirs—and the few really good physicians who are smart enough to take advantage of it while at the same time "pulling the wool over the eyes" of their professional brethren.

Such tactics as now prevail, cloaked under the guise of ethics, are unfair to the young medic. They keep him

from doing the very thing which the self-appointed Lord High Apostles of Ethics are doing, and waxing rich and famous thereby.



CHAPTER IV

LAWFUL TO ADVERTISE

Just who put forth the dictum that it is unlawful, unprofessional, unethical, for a physician to advertise is unknown. It was probably some old codger of antiquarian ideas. At any rate the rule—and it is a rule—is so old it reeks with decay. But, among progressive physicians, it is fast coming to be recognized as a rule which is “more honored in the breach than in the observance.”

Other professional men who were once held in bonds of the same nature are breaking away. We find in the public press the cards of attorneys, architects and civil engineers, all callings which are legitimately dignified with the name of “professions.” No exception is taken to these men making their talents known, although at one time—and it is only a few years ago—they were held in ethical bonds just as strong and binding as those with which the medical practitioner is now enchained.

But time changes all things. It has changed to a degree the code of ethics which formerly obtained in the

professions of law, architecture, and civil engineering, and it is slowly, but surely, changing that of medicine. True the wording of the various codes remain the same, but there is a growing tendency to wink at, to overlook evasions.

It has become a matter of convenience to the public to know where to find a competent lawyer, or architect, or civil engineer. Hence the appearance of their business cards in newspapers. On the same grounds publicity by physicians is justifiable. It is more than justifiable. Mankind can, in a pinch, get along without attorneys or architects or engineers. That is to say it is rarely imperative their services should be requisitioned in a hurry. The trial of a law case, the plans for a building, or the construction of a bridge can generally be put off for a few days at least without serious injury or inconvenience to any body.

When a doctor is needed he is generally needed badly. It may not always be an emergency case, but almost invariably when the services of a physician are required, even in chronic ailments, delay only aggravates the patient's condition.

If a medical man has, by special study, equipped himself to handle a certain class of diseases more intelligently and satisfactorily than the general practitioner it becomes his duty to let the public know about it. If we accept the dictum of the censors of medical propriety as they present it—that the obligation taken by the physician binds him to serve the public to the best of his ability—then surely we can not get away from the proposition that men of unusual ability are in duty bound to make the public

acquainted with that ability. The successful physician does not live up to his obligation if he "hides his light under a bushel."

Medical societies, the watchdogs of ethics, do not accept this doctrine. Not only this; they try to drive out of practice, to brand with infamy, to make an outcast and wanderer of the man who indulges in it. The "it" in this instance refers to publicity fairly bought and honestly paid for over the newspaper counter. But they do not always succeed.

For years Dr. McCoy had been a surgeon at Bellevue hospital, New York, a man of rare skill and of high standing in his profession. He was a member of various medical societies, respected and honored. After a long, weary experience he made up his mind that he was entitled to a better financial reward than it was possible for him to obtain in hospital or private practice. He came to Chicago, obtained a certificate from the State authorities, and began advertising in the daily newspapers as a specialist. His medical brethren were horrified. Remonstrance being of no avail, they promptly ousted Dr. McCoy from membership in the professional societies.

Not content with this they went further and filed complaint with the state authorities with the purpose of having his certificate, or license to practice, revoked. That they would have succeeded in this if Dr. McCoy had not taken the matter into the courts, is a certainty, as the members of the State Board of Health who would pass upon the question were all physicians and prominent in

the societies which were seeking to deprive McCoy of his certificate.

A long, hard-fought battle in the courts was won by McCoy. In handing down its verdict the final court said in effect:

"We fail to see wherein this appellant has committed any offense against the laws of the State. If he was competent to practice medicine at the time he received his license he is competent to practice now. Nothing that has been alleged against him has affected in any way his ability, fitness, or competency as a medical practitioner. Neither has he committed any penal offense. True he has advertised, but advertising is not a felony; not even a misdemeanor.

"The fact that the medical societies to which he belonged have revoked his membership has no bearing on the case. These societies have no official powers so far as the State is concerned. They may very properly say who may, or who may not, hold membership with them, but they have no authority to say who may, or who may not practice medicine. Societies of this kind are purely social and professional; they are not endowed with executive, administrative, or legislative power to act for the State."

This finding established in a forceful, indisputable manner the legal right of a physician to advertise his skill as a healer of mankind without affecting his ability. It was not to the liking of the sticklers for ethics who control the medical organizations. They would have the young medics believe—and up to the time the McCoy

case was decided they had succeeded—that they were all powerful; that their word was law, not only as regards membership in the societies, but also as to who might, or might not, practice medicine. They succeeded because they controlled the State Board of Health. But the ruling of the court put an end to this impudent assumption of authority. It laid down and made clear the important fact that, in passing upon the competency of applicants for licenses, medical ability and good moral character were the sole and only points to be considered.

There is advertising and advertising, one kind respectable and dignified; the other outrageously bad. The author would not for a moment countenance the use of flamboyant “ads” like those with which the “weak men” and other quacks bombard the public through the daily press. Such advertising as a general thing is positively indecent and dishonest. The men who place it and the newspaper publishers who print it should be prosecuted into the penitentiary. It is a queer thing that so-called high-class newspapers which decline to accept lottery and get-rich-quick “ads” on the ground of morality (we’ll say nothing of their illegality) will openly solicit and publish the disgusting business advertisements of medical charlatans and fakirs.

No man who respects himself or his profession will “guarantee a cure or money refunded,” no matter how apparently simple or mild the ailment he undertakes to treat may be. Neither will he offer to take cases on the “no money until you are cured” plan. These are methods which belong exclusively in the realm of quackdom.

They deceive only the ignorant, and are used with success only among that class of people. But baits of this kind stare one in the face from nearly every Sunday newspaper, and from many fences.

Then there is the fakir who calls upon you in loud type to "See Old Doctor Squeeze-em. He'll do you good!" It's a safe bet he will "do" you good if he ever gets you into his clutches; "do" you so good that you will be lucky to have carfare left to get home with.

These are not the methods employed by smart men who, through publicity, obtain a good practice, and put themselves in position to command large fees; men to whom patients will pay \$100 for an hour's consultation and advice without hesitation, while they would begrudge \$5 to a physician of equally as much or more medical skill, but not so well versed in the art of self publicity.

How do these men get before the public? They pave the way according to well-laid plans. Their every move is part of a previously laid-out program. We are writing now of those who have not progressed to the stage of employing regular press agents, or have not become well-known enough to warrant regular advertising. They join some fashionable church and mix in its affairs; take prominent part in the sociables and other doings, and when the ladies come around with a grab bag, or "take a chance on a nice piano," dig down deep into their jeans. They may have to get along on short rations for a day or two, but the money has been invested to better advantage than if it were expended for pork and beans. A short course of this kind gets all the women talking about what

a charming man Dr. Swell is, and so liberal. Pretty soon they begin to boost him into prominence by insisting upon his taking charge of some of their social affairs, and then his name gets into the papers. This is the beginning. The oftener he is mentioned the more impressed the newspaper men become with the belief that he must be a man of importance, and the first thing Dr. Swell knows he is getting the most valuable kind of publicity by the column.

And the male part of the community? Well, it's just as easy to "con" them as it is the women. Dr. Swell joins lodge after lodge, society after society, just as fast as he can raise money for the dues. He attends the sessions faithfully, and, so far as outward appearances go, takes a deep interest in the proceedings. He has a good word, and a warm, hearty hand shake for all the brothers. While modest, he always manages to have a word to say "right out in meeting" at the proper time, even if it is no more than to voice approval of something that has been done. Then, in time, it comes quite natural for the presiding Squeejicks, or whatever his title may be, to frequently say, "We would like to hear from Dr. Swell on this matter."

Dr. Swell is coming on. If he keeps his head down to a normal size, treats everybody courteously, and goes along making friends at every opportunity, the first thing he knows is that he is nominated for the office of Worthy High Jinks. Of course he protests that there are others better fitted, etc., but he doesn't mean it. He is elected, and again there is legitimate excuse for getting more publicity. All the papers announce that:

"At its annual meeting last night Cockalorum Lodge No. 37840, O. B. O. A. B., elected Dr. What A. Swell as Worthy High Jinks. Under his regime Cockalorum Lodge will make many advancements during the coming year. When Dr. Swell was asked to outline his program last night he said:"

And here follows a lengthy interview which Dr. Swell, knowing he was sure to be elected, had prepared in advance. From then on it is easy sailing—if he is a smart man. He manages to keep Cockalorum Lodge doing something all the time; not that he is so desperately in love with the lodge, but because it means more and more publicity to Dr. Swell. As with Cockalorum, so with the other lodges, or churches, or societies to which he may belong.

From being at first a mere atom of news, Dr. Swell finally becomes an actual necessity to the newspaper fraternity. Its members have acquired the habit of turning to him involuntarily whenever a news problem presents itself. If the cable brings information that Emperor William has a sore throat reporters besiege Dr. Swell. He talks learnedly (or he should) of the nature of the trouble, and outlines the proper course of treatment, etc., Again it is heralded to the community that:

"On being asked concerning the nature of Emperor William's ailment, Dr. Swell, the eminent authority on diseases of the throat, said ——"

Is Dr. Swell coming on? Not at all. He has arrived—landed on both feet as it were. He is There and It. From then on it is only a matter of taking advantage of his opportunities. He may remove to a larger city where

the services of a shrewd press agent will be necessary to secure the desired publicity, or he may stay in the smaller place where he has gotten a good start, and keep up the good work by a judicious distribution of coin among the newspaper boys. Not as a bribe, dear me no. That would be too raw. It would give the doctor dead away, and kill the game.

There are physicians in every large city who seem to be vital to the existence of the prominent newspapers. "See Dr. Blank," is the order that goes forth from the city editors on every possible occasion, important or unimportant. Let the government chemist declare that ice cream is impure and deleterious to health, and a hundred Dr. Blanks in as many different cities will be interviewed at length and their views, often worthless, spread before the public adorned with glaring headlines.

Let the Ahkoond of Swat sneeze and at once we are regaled with the views of the favored doctors as to the evils of hay fever and the best means of counteracting them.

It is a poor schemer of a physician who can not in some manner, through lodge, society, or other connections, make the acquaintance of at least one city editor and, without obtrusion, make himself so valuable to the scribe that he becomes, as it were, an unsalaried member of the staff, ready at all times to help his dear friend the city editor out whenever the latter wants anything in the line of medical information.

Blame these doctors? Not at all. On the other hand

I feel like patting them on the back and saying: "Go it, boys. I admire your fine work. You've got Bunko Bill beaten to a frazzle."

There is one doctor now famous because he is quoted almost daily in the newspapers, who ten years ago was in hard luck financially. One day he was introduced, or rather introduced himself, to a city editor by calling at the latter's office on an apparently innocuous errand. It happened just at the time (accidentally, of course) when public interest was aroused over the prevalence of infantile paralysis. After the doctor had concluded the business on which he called, the editor, finding him an intelligent, well-informed man, asked his opinion on the medical sensation of the day. This was the doctor's opportunity, and he took full advantage of it.

"That is an important matter," he replied, "and no professional man should discuss it hurriedly or carelessly. I have some pressing calls to make (this was a whopper) and haven't the time to spare just now, but I'll be delighted to give you my views within a few hours."

This was acceptable, so the doctor went to a friend's library, read up on the subject as thoroughly as he could in such a short time, and a few hours later was back in the editorial sanctum. Here he talked so well that the editor said:

"By Jove, doctor. That's the kind of stuff I want. Can't you write it out for me? I'm afraid to trust a reporter, as there would be a risk of getting it muddled. I'll give you a good stenographer to dictate to."

Barkis, which in this case was the doctor, was willing.

He dictated the matter, and the next morning was paraded on the first page in big type as "the eminent Dr. —."

His fortune dated from that day. Patients came in by the score. His newspaper friend had occasion to call on him frequently for information on current medical topics, and he was in print so much that his name was on everybody's tongue. That was fame, and a kind of fame that brought wealth.

This particular medic had the gift of a real bunko artist. He knew how to keep the good thing moving, and to "con" the city editor who thought he was above being caught.

"Really, my dear Mr. —," the doctor would say when asked by phone for a statement, "really I'm too busy to do the subject justice, but I can't refuse you. Send a stenographer over and I'll dictate something. By the way, the *World* and the *Express* both wanted something but I had to turn them down."

Did the city editor appreciate this favoritism? He certainly did, and saw to it that the doctor got all there was coming in the way of double leads, scare heads, and top of column positions.

CHAPTER V

GETTING COUNTRY PATIENTS

While the kind of publicity outlined in the preceding chapter is valuable and will make a man famous in his own city, it takes a long time to reach the people in outside territory. It is a peculiar fact that in medicine, as well as in other things, "distance lends enchantment." The person afflicted with a chronic ailment who lives in the same town with a physician who has become famous for his successes in that line, is more apt to postpone his call for relief than one who lives at a distance.

The local patient argues to himself: "There's no immediate hurry. I've been afflicted in this way ten years and I'm too busy just now to take the time to see the doctor. He's right here in town, and I can reach him at any time. I'll drop in on him some day when I've got more leisure."

A certain proportion of the physician's town folk respond to the publicity bait, but he must have the fat fish from outside if he is really going to get large fees in great number. How is he going to reach them? Here is the

plan successfully worked by one doctor who has made himself wealthy.

He made arrangements with an advertising agency to secure the insertion of "pure reading matter" ads in a number of country newspapers in towns within 500 miles of Chicago. His press agent then prepared an article reading about as follows:

LOCOMOTOR ATAXIA CURED!

Remarkable Results Obtained by a Chicago Physician

Prominent Man Afflicted With This Terrible Ailment For Many Years, Restored to Sound Health After a Short Treatment.

NEW YORK, June 10.—Among the passengers on the outgoing steamer Cedric which sailed today for Liverpool, was Col. H. B. Thomas, of London, who is returning to his home after being successfully treated for locomotor ataxia. He walks freely, and is apparently in the best of health. When asked if it was a fact that he had been cured of locomotor ataxia, an ailment which most physicians pronounce incurable, Col. Thomas said:

"It certainly looks like it. This is the first time I have been able to walk freely, or have been without pain in ten years. I was on crutches and suffering the torments of the damned when I came to this country to take the treatment four months ago. You can see for yourself the condition I am in now."

"Where did you take treatment?"

"With Dr. G. H. Wilkinson in Chicago. When I first got there he had to visit me at my hotel, but after the first two weeks of treatment I was able to walk to his office at — Michigan Ave. Improvement was reasonably rapid, remarkably so, considering the obstinate nature of the ailment. Now I can walk as well as any-

body, the pains have left me, and all my bodily functions are normal."

Newspapers in the smaller towns and cities are not so particular in the definition of the term "pure news reading matter" as their larger and more prosperous contemporaries. They need the money. Consequently all the publishers who received an order from the —— Advertising Agency printed the article.

Country people as a rule are closer readers than those in the larger cities, and within a week everybody in the territory thus reached who was afflicted with locomotor ataxia was talking about the wonderful case of Col. Thomas, and writing to Dr. Wilkinson (this is not his real name) about their own cases.

Here again the services of the doctor's secretary, who was correspondent as well as press agent, were called into play. Every letter was answered in a kindly, sympathetic manner, somewhat as follows, the stationery used being very plain and neat, but of the best obtainable material, and modestly engraved:

G. H. WILKINSON, M. D.

SPECIALIST IN CHRONIC DISEASES

—— Michigan Avenue

CHICAGO, August 2, 1910.

Mr. John Smith, Godfrey's Corners, Ia.

DEAR SIR: Replying to your letter of July 31st, I regret being compelled to say that, in the absence of opportunity for a complete personal examination, it would be impossible for me to say definitely what may or may not be done for you in the way of obtaining relief. If you can arrange to come to Chicago for a few days I

will give your case my earnest personal attention and will then be in position to advise with you more satisfactorily.

Judging from the description of your symptoms the case is plainly one of locomotor ataxia but the ailment, as you are doubtless aware, is of such an insidious nature that, aside from the more prominent general and unmistakable indications, there are few cases which manifest themselves exactly alike. It is as a rule more satisfactory to both patient and physician, and more productive of good results, when the treatment can be arranged under the physician's personal supervision to meet the requirements of the individual. This may possibly require a week, at the end of which time you may return to your home and continue the treatment there under the direction of your family physician.

As regards guaranteeing a cure I must say frankly that this is something no reputable physician will do. It is a practice resorted to only by what are known in the profession as quacks. The most encouragement I can give you, in the absence of a personal examination, is that, judging from your description the case is no worse than scores of others in which entirely satisfactory results have been obtained.

Should you decide to visit me please advise me by letter or wire a short time in advance so arrangements may be made to give you prompt attention on arrival.

Yours respectfully,

The effect of such a letter on the recipient is to beget confidence in the writer. It is frank and straightforward; it sounds honest, especially in those parts which refer to the necessity of a personal examination, and the declination to guarantee a cure. "That's a real man, not a bit stuck up," is the comment frequently made on receipt of one of these letters by people who had hesitated to write to such a famous specialist.

Few country people will take up treatment with a

strange physician without first consulting their family doctor. They are not always governed by what he says, but they almost invariably ask his advice. If he suggests a trial you are pretty sure to get the patient. If he advises negatively the patient is not always lost, but it will require more correspondence, and when the subject does arrive he will be suspicious and hard to handle.

When the family doctor reads a letter like the one quoted he feels flattered that an eminent specialist should be willing to entrust the administration of his treatment to his care. He looks upon the proposition differently from what he would if this sentence had been omitted. His vanity has been touched. Inclined at first to throw cold water on the proposition, when he comes to this part he generally says:

"Well, of course I don't know anything about this treatment, but Dr. Wilkinson is a man of great reputation. His success in the Thomas case is remarkable. One thing is certain. We have exhausted every resource here without getting results, and it can't do any harm to see him and get his opinion."

Thus encouraged the sufferer, if able to travel, will in nine cases out of ten, arrange to visit the specialist at the latter's office. Sometimes the family doctor, from honest desire to become acquainted with the details of a new and successful treatment, will volunteer to accompany him.

But, suppose the local physician vetoes the proposition, denounces it as a fraud, and declines to be associated with it. Is the patient's business lost? Not at all. It merely calls for a little more diplomacy. After waiting a reasonable time, say a couple of weeks, without

hearing from Mr. Smith, the latter gets another letter from Dr. Wilkinson. This time the specialist writes as follows:

G. H. WILKINSON, M. D.

SPECIALIST IN CHRONIC DISEASES

— Michigan Avenue

CHICAGO, August 15, 1910.

Mr. John Smith, Godfrey's Corners, Ia.

DEAR SIR: Not having heard from you in response to my letter of August 2d, I am reluctantly forced to the conclusion that conditions are such as to make your coming to Chicago impossible. This is a matter of sincere regret to me as the case appears to be one of peculiar interest and, as a physician, I would like to have opportunity of advising myself more fully as to the exact conditions.

If you will send me the name and address of your family physician I will write him asking for the necessary information, and between us we may be able to do something for you at your home. While your letter is unusually full and complete, with the facts stated in an intelligent manner not customary with laymen, you will readily understand that there are some complications in nearly every case which are more readily described by a physician, and especially one who has been watching it faithfully for a long time.

Hoping to hear from you promptly, I am,

Very truly yours,

When Mr. Smith receives this letter about the first thing he does is to show it to his family doctor and, no matter how much the latter was opposed to the "new-fangled" treatment at first, his chest swells with pride at the flattering reference to his ability. He says:

"Yes, Mr. Smith, you may send my name and address to Dr. Wilkinson and when I hear from him I will write

him fully about your case. He is right in saying that only a professional man can give the required information properly."

And off marches Mr. Family Physician, head erect, and with the pompous air of a drum major. Is he not about to be consulted by the famous Dr. Wilkinson, a man known throughout the land for his wonderful successes?

When the specialist receives the local doctor's name and address from Mr. Smith, he writes the doctor somewhat after this style:

G. H. WILKINSON, M. D.

SPECIALIST IN CHRONIC DISEASES

— Michigan Avenue

CHICAGO, August 21, 1910.

Thomas H. Jennings, M. D., Godfrey's Corners, Ia.

DEAR DOCTOR: I have lately been consulted by mail by Mr. John Smith, of your city, who is, I understand, a patient of yours suffering from *tabes dorsalis*. The case appears to be one of unusual interest and I will be under obligation to you professionally if you will make me acquainted with the details.

As you have been in charge of the case a long time it would be presumptuous on my part to attempt to outline the facts I want. You will know what to write about a great deal better than I would, and I will leave the matter entirely in your hands. My only interest in the matter now is a professional one as I understand Mr. Smith is unable to come to Chicago.

Trusting that you will accommodate me, and hoping that I may be able to return the favor in kind, I am,

Yours fraternally,

This does settle Mr. Family Physician for sure. For years afterward he takes delight in letting it be known

how he was "called into consultation by the eminent Dr. Wilkinson, of Chicago, who said frankly that I knew more about the case than he did." To the credit of Mr. Family Physician be it said that this latter statement was probably correct, and it might with all truth have been extended to include the assertion that he was doing as much or more for the patient as Dr. Wilkinson could.

At any rate Dr. Wilkinson receives the information he asks for, and beyond returning a brief note of thanks to the local doctor and saying that he will give the matter thorough attention as soon as he gets a little respite from his rush of duties, that is the end of it for the time being.

But Dr. Wilkinson is not idle. He is conducting, or rather his secretary is, a similar correspondence with scores of other physicians and prospective patients. From the letters thus received a card system is arranged, all the "prospects" being grouped by localities.

One day Dr. Wilkinson finds that he has some fifty good "prospects" in the immediate vicinity of some good town, and decides to make a round up. He then writes, either to the prospective patients in that neighborhood, or the physicians, if his correspondence with the latter has been encouraging, a letter somewhat as follows:

G. H. WILKINSON, M. D.

SPECIALIST IN CHRONIC DISEASES

— Michigan Avenue

CHICAGO, Sept. 15, 1910.

Thomas H. Jennings, M. D., Godfrey's Corners, Ia.

DEAR DOCTOR JENNINGS: Since the receipt of your letter relative to the case of Mr. Smith I have been called to ——— for con-

sultation in a serious case. I will be at the —— hotel on Thursday next but will be very busy, and do not think it safe to make any engagements, aside from the consultation, for that day. If you can arrange to meet me on Friday (the following day) between 10 and 11 a. m., I will remain over. I suggest this as it will afford us an opportunity of discussing Mr. Smith's case to better advantage than it is possible to do by mail. There will, of course, be no fee attached to this service on my part.

Kindly let me know at once whether I may expect to have the pleasure of meeting you so that I may arrange my time accordingly.

Yours fraternally,

Dr. Jennings is impressed by the compliment thus paid him by the eminent specialist. So are the dozen or more other physicians to whom Dr. Wilkinson writes, most of them hastening to make engagements to meet the specialist at varying hours.

If the correspondence has been entirely with the prospective patient, and no family physician has been enlisted as an intermediary, the "come on" letter is made to read differently. In cases of this kind the doctor would say:

G. H. WILKINSON, M. D.

SPECIALIST IN CHRONIC DISEASES

—— Michigan Avenue

CHICAGO, Sept. 15, 1910.

Mr. Thomas Ratcliffe, Eagle Mills, Ia.

DEAR SIR: Since writing you last I have been called to —— for consultation in a serious case and will be at the —— hotel on Thursday next. As I can arrange to have a little leisure I would suggest that you meet me there at 11 a. m. so that I may be able to make a satisfactory diagnosis of your case, and thus be in position to advise you intelligently as to the prospects for obtaining relief.

I feel free to make this suggestion as there will be no fee or charge of any kind for this service all my expenses being guaranteed by the parties with whom I am to consult.

Kindly let me hear from you at once as I have many demands upon my time and wish to arrange my schedule to the best advantage.

Yours very truly,

The fact that he has not been invited to visit —, or any other town for consultation purposes does not bother Dr. Wilkinson. It is one of those “harmless prevarications” tolerated and even encouraged, in all professions. It would not be dignified nor ethical for a doctor to start out on the road on a hunt for patients. It is not improper, once having been “called” to another city, to take advantage of the trip to do a little professional business on the side.

Dr. Wilkinson must have an excuse for visiting —. The most plausible excuse is that he has been invited there in consultation by some brother physician whose name is withheld.

Before the time comes for starting for — Dr. Wilkinson has received replies to his letters. Most of these are favorable, and the doctor is enabled to make out a time card that will keep him profitably engaged while in —. This card should read:

Thursday, Sept. 22, 1910.

10 a. m.—Dr. Jennings about John Smith.

11 a. m.—Thomas Ratcliffe.

12 m.—Dr. Thompson, Cross case.

1 p. m.—Mary Brown.



2 p. m.—Charles Harris.

3 p. m.—Dr. Williams, Green case.

4 p. m.—Harry Bronson.

Before leaving Chicago the doctor will have his secretary get out the correspondence with each of the "prospects" and this, each lot enclosed in its own filing packet, will be put in his suit case or hand valise.

Arriving at — Dr. Wilkinson will arrange with the hotel clerk to notify him when anybody calls. At 10 a. m. Dr. Jennings will be announced.

"Tell him," Dr. Wilkinson will say to the bell boy, "that I am very busy just now and must ask him to excuse me for ten minutes. I will be able to see him promptly then."

This gives the doctor time to get out the Jennings correspondence and refresh his mind as to the particulars of the Smith case. Then he sends word to have Dr. Jennings shown up.

"Sorry to have been compelled to keep you waiting, doctor," and a warm cordial handshake, greets the country physician who is at once impressed with the fine appearance and friendly manner of his visiting brother. There is a little preliminary talk about the trip, the country, the weather, etc., and then the Smith case is taken up and thoroughly discussed.

"If I had time," says the specialist, "I'd like to see Smith, but that's out of the question. Your very clear and able description of the case has impressed me strongly. One of these days when I happen to be out here again with more time on my hands, and the patient

is still living, I'll ask you to take me out to see him. I understand it's only a short distance from here."

"Just thirty minutes' ride on the Lincoln branch, doctor," replies Jennings. "Why can't you run out with me this afternoon? No time like the present, you know."

"The trouble is that I will be busy until 4 p. m., and then it will be too late."

"Not at all. There's a train at 4:30 and we can be at Smith's home by 5. Better go. Barring his ailment you'll find Smith a good host. He's rich and has a fine home, and the best of everything. I know he'll be glad to pay liberally for your opinion whether it is favorable or unfavorable."

"Well, doctor, if you think there is no doubt of my being able to get back so as to take the 10:30 train for Chicago I guess I'll have to go with you. Really I should not do it as I have a hard day's work ahead of me, but you have aroused my interest in the case and I would like to see the patient. I'll meet you at the depot at train time. Until then good bye. I can't begin to tell you how much I appreciate your call. If conditions were different I would insist on your being my guest for the day, but, as you well know we medical men are not our own masters."

Without appearing to hurry he gets rid of Dr. Jennings before it is time to receive the next caller and, by exercising a little tact, the various people with whom he has made engagements are kept from meeting one another. Out of the four appointments he has made with laymen the doctor will ordinarily obtain fees from at

least two, if not all four of his callers. Just how he does it will be explained in another chapter.

At 4:15 Dr. Wilkinson is at the depot where he finds Dr. Jennings waiting. On the train, the specialist delicately brings up the matter of fees.

"One great trouble with a treatment of this kind is the expense. The fees must necessarily be large and it is difficult to get even wealthy men to pay them. It is a relief to be able to discuss this part of the subject candidly with a brother physician like yourself who has the brain and common sense to appreciate it."

Once again Dr. Jennings is pleased at the confidence reposed in him, and the more so when Dr. Wilkinson continues:

"Of course in a case like this where the local physician interests himself, takes his time to visit a patient with the specialist, gives the latter the benefit of his knowledge of the case, and continues the treatment after the specialist has gone, there should be a division of the fee. The local physician cannot be expected to donate his services; that would be ridiculously unfair."

The country doctor is more interested than ever. Should he be super-sensitive about acceptance of a fee, and inclined to question the ethics of the arrangement he is quieted with the assurance that it is in common practice all over the country. In most cases, however, there is no tendency of this kind. The local practitioner is ready, and anxious to get his share of the money. His main concern is about the amount. Frequently he asks:

"What do you think we can get doctor?"

"That depends upon the man. You know him better

than I do. You say he is wealthy, so his ability to pay is not to be questioned. We'll fix upon an amount that will be equitable under the circumstances. It should not be less than \$500."

The prospect of obtaining \$250 so easily is very alluring to Dr. Jennings. He does not realize that the specialist is using him as a bait, making him stand sponsor as it were, for the merit and efficiency of the treatment. Arrived at Smith's home Dr. Jennings is warm in his endorsement of everything Dr. Wilkinson says and does. The latter examines the patient carefully, asks him numerous questions, frequently referring to Dr. Jennings for information upon technical points, and showing deference for the opinions of the family physician. Finally the stage is reached where it is necessary to talk business.

"If you should decide to take this treatment, Mr. Smith, I will arrange with Dr. Jennings for its administration. It should be given twice a day. I will furnish all the remedies and, advised by frequent letters from Dr. Jennings as to your progress, will outline such changes from time to time as may appear necessary."

This naturally leads Mr. Smith up to asking, "Do you think you can cure me, doctor?"

"Well, Mr. Smith, as Dr. Jennings will tell you no reputable physician countenances the word 'cure.' I will say, however, that I have had many cases, some of them apparently even worse than yours, in which entirely satisfactory results have been obtained. Here are a couple of letters just received which I am requested by the writers to show. They will probably interest you."

Saying this the specialist brings out a couple of letters

written by patients who have been benefitted. They are bona fide letters. It would be strange if out of the large number of people treated some cases did not yield satisfactory results. The letters read about as follows:

PITTSBURGH, ———, 1910.

DEAR DOCTOR WILKINSON: Replying to your enquiry of recent date regarding my condition I am most happy to be able to say that marked improvement continues. The pains have entirely disappeared, all the functions of the body are normal, and I walk long distances every day without cane or crutch. This result obtained in a little less than ten months of treatment is most pleasing considering that I was sorely afflicted for over ten years, and that my case was pronounced incurable by the best specialists both here and abroad. Dr. Kennedy, my family physician, says the change in my condition is miraculous.

Don't hesitate to show this letter to those who may be similarly afflicted. It is a duty which I feel that I owe humanity to make known what has been done for me.

You will probably also hear from Dr. Kennedy within a few days. With sincere thanks, I am,

Most gratefully yours,

Drowning men clutch at straws. Mr. Smith knows that he is afflicted with an ailment which other physicians have been unable to relieve. Here appears to be something effective. Hope dawns, and he enquires:

"What will it cost, doctor?"

"That, my dear sir, is a question I was in hopes you would not ask. Worry over the expense of treatment always tends to retard or delay complete recovery. What is money compared with health. Why should you set one against another? Can you measure the monetary

value of health as you would that of a ton of coal, or a ton of hay?"

Mr. Smith begins to feel ashamed of himself, and all the more so when his family physician chimes in and endorses what the visiting specialist has said:

"I guess that's all right, doctor," responds Smith. "You can't measure health against money, but I must have some idea as to the expenses. It may be beyond my means."

"We'll fix that all right," says Dr. Wilkinson. "The usual fee for complete treatment is \$150 a month."

"How long will it take?"

"That's something no man can tell. I've had cases in which the desired results were obtained in so short a time as four months, and others in which they were deferred for fifteen months. If there is such a thing as striking an average I should name it at ten months."

"That would be \$1,500. That's an awful lot of money."

"It's nothing in comparison with good health. I have had many patients who preferred to pay a lump fee in advance in order to get the worry about money details off their minds. Under this arrangement the treatment is continued as long as may be necessary whether it is four months or fourteen. In such cases I accept \$1,000. This not only pays for the entire course of treatment but it saves the patient \$500 should the course be continued for ten months, which is not at all unlikely."

The saving of \$500 appeals to Mr. Smith, and he accepts the proposition. While he is signing the check Dr. Jennings has to pinch himself to see if he is really awake.

The idea of getting \$500 for his share of an hour's talk is overpowering. The check delivered, Mr. Smith is assured that the remedies will be in Dr. Jennings' possession within the week and that treatment will start at once.

Once outside Dr. Jennings is impelled to ask: "How did you come to fix the fee at \$1,000, doctor? I thought you said it would be \$500?"

"I said not less than \$500. But I found Mr. Smith more responsive in this connection than most men, and it was just as easy to get \$1,000 as it would have been \$500. By the way, how are we going to divide this check?"

There is nothing to do but for Dr. Wilkinson to remain in town over night and for Dr. Jennings to identify him at the bank the next day. This is done, and the money drawn and divided. Who gets the best of the bargain? Apparently both doctors are on the same footing, but are they? Dr. Wilkinson has \$500. For this he will send once a month for a few months a supply of treatment the actual cost of which will not exceed \$2.50 a month—perhaps \$25 for ten months. Dr. Jennings, on the other hand, must visit the patient every day, administer the treatment, keep track of his condition, note such changes as may occur, and report them to Dr. Wilkinson.

Dr. Jennings must perform his duty in person, he cannot delegate it to another. Dr. Wilkinson does most of his work, except the actual case taking, through hired help. He has a dozen, or a hundred, Dr. Jennings working for him all the time.

Many specialists are averse to working in connection with family physicians. In some instances this is because of short-sightedness on the part of the specialist. He doesn't like the idea of dividing his fee with the country practitioner. In other words he is greedy and wants it all, losing sight of the fact that in the great majority of instances the family physician is the deciding arbiter and, without his aid, a lot of cases would be lost.

Then there are specialists who have not the knack of making friends with the country doctor. The latter is naturally opposed to the specialist; he thinks, whether justly or not, that his own method is best and looks askance on "new fangled" ideas in practice, especially when a good fee is liable to go to the stranger. But, let this same country physician be led up in the proper manner to the division of fee proposition and he takes a different view of the situation. It seems like a lot of money to give away, but it is a good investment. The man who accepts the division stands committed to the treatment; he becomes a booster instead of a knocker. If the case does not turn out well there is little chance to find fault with the specialist. The local Dr. Jennings has been in charge and upon his shoulders rests the responsibility. Should the patient complain the local physician can, and very likely will say:

"Of course it is a disappointment Mr. Smith, but the practice of medicine is full of disappointments. There is one consolation. You have had the benefit of the latest treatment evolved by medical science. Dr. Wilkinson arranged the treatment to meet your special needs

after I had given him a complete history of your case, and you must admit that I have been faithful in its administration. I'm sorry that the results were not different, but that is something every physician has to contend with."

Left without the services of the local physician as an ally the specialist would probably be blamed for the failure, and the patient might even refer to him as a swindler. Such things have occurred with the result that the specialist's chance of getting any more patients in that neighborhood was wiped out. But, by retaining the services of the family physician the specialist is taking out insurance against this very happening.

Dr. Jennings, of course, does not realize that he is being made a buffer of. He has had, as he thinks, the scientific features of the treatment carefully explained to him, and the theory is reasonable and in thorough accord with that of accepted authorities. As for the division of fee—why he certainly is entitled to pay for his services in treating Mr. Smith, and it is much better for the latter to have Dr. Wilkinson stand this expense than for it to fall upon Mr. Smith.

It's all in the viewpoint, and the viewpoint can be just what the specialist makes it. If he is a clever man it will be favorable; if he lacks tact and is antagonistic in nature, it will be unfavorable. As to this latter contingency it may well be said that a tactless, antagonistic man has no business operating in this field. Tact and suavity and an impressive appearance count far more than a knowledge of medicine, and will get more money every time.

It's worth considerable to have the good will of family physicians in the country districts, so that when occasion arises they will say: "Dr. Wilkinson is an able man, and perfectly square in his business methods. We (observe the "we") didn't get the desired results in the Smith case, but it must be remembered that it was an unusually serious one, and Dr. Wilkinson said so at the time. Recovery would have been little short of a miracle. Had the treatment been taken before the disease was so far advanced there is every reason to believe the results would have been different."

CHAPTER VI

RECEPTION OF OFFICE PATIENTS

To the physician who prefers to do a strictly office practice, making few or no professional forays into the country, well located, neatly furnished, attractive quarters are a necessity. Three rooms will be sufficient for a start. These should include a reception room, waiting parlor, and doctor's private office.

Size is not so important as location and furnishings. The quarters should be in a modern building of high-class reputation as to the character of its tenants. If the arrangement is such as to give an entrance into the doctor's room from the waiting parlor, and an exit into another hall, it is preferable. This will make possible the separation of the callers the doctor has seen from those who are still waiting, and this prevents a lot of talk which may have a harmful tendency.

People, especially men, waiting to see a physician are apt to get into conversation with one another. When there is only one door serving as entrance and exit to the private office, and a caller, after seeing the physician,

has to come back into the waiting parlor in order to get out there is a temptation to stop for a few moments and chat with those who are still waiting. In this way much harm, particularly in the matter of fees, may be done.

It is poor policy to give people a chance to exchange confidences. They will tell each other their opinion of the physician, the amount of the fees, etc. If these latter do not agree in amount it causes jealousies and distrust, and it becomes difficult in many cases for the physician to explain to the satisfaction of Mr. Brown why he should be charged a larger fee than Mr. Jones.

Under the best of conditions there will be too much of this sort of thing, but it may be greatly reduced by an arrangement of the rooms which will admit of callers being taken into the doctor's office at one door and shown out at another. In one instance the waiting room of a certain specialist was crowded when one of the callers came out from the office after an interview.

"Are you going to take the treatment," was the question put to him by one of those with whom he had been talking before he had seen the doctor.

"Not much," was the answer in a loud tone. "That man's a robber. He wanted \$500 for the treatment."

This frightened away a number of men nearly all of whom would have been good for \$100 apiece when interviewed by the doctor under proper conditions. But they left without seeing him; actually scared off by the talk of the dissatisfied caller.

Rooms arranged as described and located in a good building will command more rental than ordinary quarters, but the investment will be a good one. There

will be more money in paying \$100 or \$150 a month for rooms of this kind than \$50 for others not similarly arranged.

Proper furnishings create a favorable impression upon callers. Neat rugs, comfortable leather covered chairs and lounges, neat tables for books and magazines, handsome curtains and bright, cheerful pictures on the wall tend to make the extraction of a good-sized fee all the easier.

No person feels like paying a big fee to a doctor of sloppy appearance who is quartered in a shabby, poorly furnished room. Shabby surroundings breed distrust. An appearance of prosperous solidity on the other hand creates confidence. It is easier to get \$100 from a patient in properly furnished quarters than it is to get \$5 when the doctor's poverty stares out from every side.

One of the most successful specialists in the profession had retired with a competence. He got to speculating and lost heavily. When he had only \$1,000 left he was compelled to resume practice. He rented quarters which cost him \$125 a month, and furnished them magnificently at a cost of \$1,250, paying \$500 down. Various other outlays cut his cash capital down to \$100 by the time he was ready to open his offices. Did he flinch? Not at all. He was game and knew that with any ordinary luck it would be a paying investment. He made a second fortune which he was wise enough to keep.

"It was like catching flies with a bait of sugar," he said in discussing his method. "They swarmed in from all sides; the surroundings looked right, and I had little trouble in landing a fair percentage of the callers. If I

had attempted to skimp in the rent or furnishings my purpose would have been defeated from the start."

In taking medical treatment, as in nearly everything else, people like to deal with the successful man, and they judge of a man's success by his surroundings. If he looks prosperous the battle is half won before the attack on the caller's pocketbook begins.

Next to the location and furnishings of the office, and the neat, well-dressed appearance of the physician himself, comes the question of the selection of the proper reception room girl. Here almost as much tact is needed as in the physician's private office. The right kind of girls are scarce, and when one is found she is worth much more money than the average doctor, unacquainted with the importance of the position, is willing to pay. A thoroughly competent girl is easily worth from \$18 to \$25 a week, yet most doctors grumble at paying \$10 or \$12.

It is a peculiar combination of talent, one exceedingly hard to find, that is required. The successful attendant must be prepossessing in appearance, a neat dresser, intelligent, sympathetic, chummy to a degree without being "fresh," and, above all, must have that undefinable quality known as tact. She must have the knack of making people feel at home and comfortable on their first and all subsequent visits, without being fussy or over-prominent in her attentions.

Quiet dignity and charm of manner in a reception room girl is a combination of great value to an employer. The girl possessed of these qualities, in addition to "tact," can be a valuable and powerful ally of the phy-

sician. She will exert a great influence in keeping patients good natured and satisfied, steer the malcontents away from opportunity to make trouble, and preserve in general the harmony that should prevail in the professional family.

We all know what a strong factor first impression is. The manner of our reception by a stranger invariably sows the seed of our opinion. If the reception is courteous and kindly without being effusive we are won; if it is cold and indifferent, or so overly effusive that deceit is apparent, we are repelled. Right here is where the reception room attendant wins or loses. It makes all the difference in the world whether the prospective patient meets the doctor for the first time pleased with the manner in which he was received, or whether he is fretted or annoyed at his treatment in the outer office.

The door leading from the reception room into the waiting parlor should always be kept closed. There is no necessity of letting the people who are waiting to see the doctor hear what is going on in the outer room. It often works harm. Besides this a new comer will announce himself more freely to the attendant when alone with her than he will when a dozen or more strangers are within hearing.

One of the furnishings of the reception, or outer room, unless the business warrants a separate department, may be an unobtrusive cabinet in which the correspondence is filed. This should always be closed so callers will not get an idea as to its contents. Men especially do not like to know that a woman is conversant with the contents of their letters to the doctor.

When a stranger enters the room the attendant should always rise from her desk, meet him half way, and enquire pleasantly:

"What can I do for you?"

"I'd like to see the doctor."

"Step into the waiting room, please, and I'll let him know you are here. Whom shall I announce?"

"Thomas Carroll, of Providence, Iowa. I think he expects me as I've had some correspondence with him."

"All right, Mr. Carroll, I will let him know you are here."

Taking the new comer into the waiting room the attendant should give him a paper or periodical. The man who is reading is not so apt to get into conversation with strangers as the one who is idle. Coming back into the outer office the girl closes the door, goes at once to the correspondence cabinet and takes out the packet containing Mr. Carroll's correspondence. This she gives to the doctor via the outside door, at the same time announcing Mr. Carroll's arrival.

No doctor who is wise will receive a caller immediately upon arrival. It creates a good impression to keep the caller waiting for a few moments even if there is nobody ahead of him. The girl goes back to the waiting room and says:

"The doctor is glad to know you are here, Mr. Carroll. He is engaged with a patient just now, but he will be through very soon, and will see you in a few minutes."

This helps to kill time, and to convince the caller that the attendant is looking after his interests. In the meantime the doctor is reading Mr. Carroll's letters and the

answers thereto, and refreshing his memory about the case so that when Mr. Carroll is shown in the latter will be astonished by the doctor's knowledge of his ailment and condition. The letters in the meantime are put away in a drawer out of sight.

Finally the bell rings and, if Mr. Carroll is next on the list, the girl will say:

"The doctor will see you now, Mr. Carroll," and shows him into the sanctum. What happens when doctor and caller come together is told in another chapter. This one deals solely with the manner in which the caller should be received by the girl in charge of the outer office.

Should the caller become a patient the attendant who understands her duty will begin to evince a mild lady-like interest in his case. Without at any time becoming forward or fresh she will have a cheery word of greeting for him on his daily arrival or departure, and finally begin to comment in a delicate manner on the improvement in his appearance.

"Good morning, Mr. Carroll. You're looking better this morning. By the way, if you want to write any letters you can dictate them to our stenographer, and you might as well have your mail sent here. I'll be glad to look after it for you."

Such attentions mean much to an invalid stranger and are more appreciated than they would be by a robust, healthy person. Mr. Carroll may intimate that he thinks of going to some theater in the evening, but doesn't know where to go. Then the attendant should say:

"Well, that depends upon what you like. If it's com-

edy there's the ————— at the Continental. Grand opera at the Richelieu; tragedy at the Shakespeare and vaudeville at the Boston. If you want to see something really funny go to the Continental. I'll have our stenographer get your ticket when he goes out to luncheon, and that will save you from being pushed around in the crowd at the box office."

"All this, of course, is after the lapse of a week or so when Carroll has become a daily caller for treatment, and begins to think that the doctor is all right himself, and that the reception room girl is just about as near right as they make them.

No matter how many girl stenographers the doctor may keep busy in a room further down the hall, there should always be one young man for what may be called "show" purposes. Men patients don't like the idea of having their physical troubles discussed in letters written by girls. When the young man stenographer is brought in to take dictation from a patient the latter not only appreciates the compliment, but feels confident that his troubles are known only to one of his own sex.

By all means keep the girl stenographers out of sight, and do not let the male patients know that a woman ever saw their letters, or the doctor's replies to those letters. Adopt exactly the opposite tactics with women patients—keep the man stenographer under cover.

Despite the utmost care there will be times when the patients will get together in the waiting room and discuss the doctor and his methods, the merits or demerits of the treatment, compare fees, etc. One dissatisfied patient—and every physician has them, no matter how gen-

erally successful he may be—can create more disturbance and uneasiness in ten minutes than the doctor can overcome in a week.

It is right here that the reception room girl has a chance to prove her worth. When she finds the conversation drifting into disagreeable channels she can adroitly step in and change the subject without seeming to have a purpose in doing so. The introduction of a timely topic by a bright, entertaining woman will start the flow of talk in a new direction and in the discussion that follows criticism of the doctor will be overlooked.

One day a chronic kicker, one of those fellows who is never satisfied no matter how much is being done for him, met another patient in the reception room and began to find fault with the treatment. Without seeming to listen to the conversation, and with her mind apparently engrossed on some other topic, the attendant said:

“Oh my, how I wish I had a brother or a father to advise me.”

“Why, what’s the trouble?” very naturally enquired one of the patients—and he happened to be the “kicker.”

The girl went to relate an entirely suppositious occurrence over which she pretended to be badly wrought up; a business entanglement with a concern from which she had bought some goods on the installment plan, and about which there was a serious misunderstanding. Both men were profuse in their tenders of advice, and in their desire to be of assistance to the girl they forgot entirely the original topic. The girl kept them engaged in conversation until the “kicker” departed, and the danger was over for that day, at least.

She reported the matter to the doctor and the latter very cleverly arranged the "kicker's" hours for treatment so there would be little chance of his finding other patients in the office.

CHAPTER VII

THE CORRESPONDENCE FILE

No specialist, or physician who conducts a general practice by publicity methods, can hope to make a lasting success, except in rare instances, without a well-managed correspondence department. In the beginning the physician may attend to this himself but, as the business grows he will need the services of a smart, competent man. Newspaper men do the best in this position. The right kind of men command from \$50 to \$100 a week, and in many cases get a working interest in the business. They are worth every cent they get.

The physician with a large office or out-of-town practice is too busy to give attention to the details of correspondence. He has not the time during office hours, and after his work for the day is done he is too weary to dictate the many letters that should go out every day. Not only this, but there are very few medical men who know just what to say. Letter writing is a gift, and the men who have this gift make a business of it.

Every letter that comes into the office should be in-

dexed by the card system and then filed away by number with the copy of the reply attached. This work, as well as the opening of the mail and the dictation of answers, should be done in a room convenient to the doctor's office, but away from it far enough so that the patients will not suspect the connection.

A letter arrives from Hiram Oxbow, of Valparaiso, Indiana. The man in charge of the correspondence opens it and finds that, according to the printed heading Mr. Oxbow is conducting a cooperage plant. The letter runs about as follows:

HIRAM OXBOW

MANUFACTURER OF COOPERAGE

VALPARAISO, IND., August 10, 1910.

Dr. G. H. Wilkinson, Chicago, Ill.

DEAR SIR: I have read of your success in the treatment of locomotor ataxia, and would like to know whether you think you can do anything for me. I am 45 years of age, and have been afflicted for the last eight years. Have doctored with nearly everybody in the country without results. Can you cure locomotor ataxia? Please let me hear from you soon.

Yours respectfully,

HIRAM OXBOW.

Sorting out all the letters of this kind the correspondence chief gives them to one of his stenographers with instructions to look up the financial rating of the various writers as given in Dun's or Bradstreet's. Every well-equipped correspondence room will have a copy of a commercial guide of this kind. The girl marks on the letters such ratings as are given in the guide. Mr. Oxbow, for instance, is quoted as A 4.

When the answers are written each new enquirer is given an individual card and number, the numbers running consecutively. The last number in the file we will say is 6345. Mr. Oxbow's number will be 6346. One of the girls then makes out a card which reads:

No. 6346—Hiram Oxbow, Valparaiso, Ind. Rating A 4.

1907

Aug. 11. First enquiry. Answered with No. 3.

Mr. Oxbow's letter with a carbon copy of the reply thereto is then placed in a manila paper pocket, numbered 6346, and filed in the letter cabinet. If at any time it is desired to get the correspondence in the Oxbow case the card, which is filed alphabetically, will give the correspondence number and the location of the letters themselves will then be easy.

An entry in brief is made on the card every time Mr. Oxbow is heard from so that the card itself will show at all times an outline of the status of the case. Suppose that a number of letters pass, and Mr. Oxbow finally decides to come to Chicago to see the doctor. The card will then show entries like these:

No. 6346—Hiram Oxbow, Valparaiso, Ind. Rating A 4.

1907

Aug. 10. First enquiry. Answered with No. 3.

Aug. 15. Wants more particulars. Asked him to come to Chicago.

Aug. 21. Enquires about fees. Told him it was impossible to fix amount in advance of seeing patient.

Aug. 26. Will be in Chicago Aug. 30th, 9 a. m.

Every letter received from Mr. Oxbow and a copy of every reply is filed in the same manila pocket so that

when wanted they are all together, and can be taken out in a minute.

Suppose Mr. Oxbow is not rated in Dun or Bradstreet? It is the correspondence chief's business to ascertain his financial standing if it is possible to do so. Frequently this is done through the doctor's bank, or the doctor may be a subscriber to some commercial agency. In either event a confidential enquiry is made as to the responsibility of Mr. Oxbow. The answer may say: "Good for \$10,000;" or "credit good, pays bills promptly;" or "credit poor." In the great majority of cases information of some kind will be secured which can be entered on the cards for future reference.

How are enquiries from prospective patients secured? Some of them are made voluntarily, being induced by the enquirer having read in some city paper about the doctor's success in certain lines of practice—one of those articles which the clever press agent, who is usually the correspondence chief, has had inserted in the guise of news. Generally, however, enquiries are drawn out by a systematic campaign through the mails, or by resort to publication in the country papers.

No wide-awake, progressive correspondence chief will wait for voluntary enquiries. He will make an arrangement with a clipping bureau by which for \$5 a hundred he will be supplied with clippings from all the papers, large and small, in his territory announcing the illness of citizens. When the *Beeville Bugle* publishes the news that "Abner Skeets, a prominent resident of Beeville, has become a victim of chronic arthritis," the paper is not in the office of the clipping bureau over a few hours be-

fore the correspondence chief has received the paragraph. In this manner he comes into possession of hundreds of similar news items every week.

All the various publicity articles which the city papers have published about Dr. Wilkinson and his wonderful success have been reproduced by the zinc etching process and thousands of slips printed in a manner which makes them bear the appearance of having been torn out of the original publications.

As fast as the clippings come in Mr. Press Agent sorts them by towns and has one of his stenographers make a card index, giving the name and address of each prospect and the nature of his disease, as well as the date of mailing the first clipping. Then he has plain envelopes addressed to each prospect, and encloses in these envelopes one of the prepared news items applicable to the ailment with which the party addressed is afflicted. There is no printed business card on these envelopes and, as they are invariably addressed by hand, the recipient is under the impression that the communication has been sent by some unknown friend who desires to let him know of this doctor's success in the treatment of just such cases. The recipient does not connect the doctor with the sending of the clipping as he argues that, if it came from a doctor, the envelope would bear his business address, and there would be some note of explanation. Besides, there is not one chance in a million that Dr. Wilkinson ever heard of him, or knows where he lives, or what the nature of his trouble is. Of course it was sent by some friend.

This method excites the curiosity of the sufferer, and he gives careful attention to the clipping and begins to

ask himself whether it is not worth while to write to this wonderful physician and ask his advice about treatment.

As fast as a batch of clippings is sent out the cards from which the addresses were taken are moved to the back of the receptacle, and a date card, a little higher than the others and of a different color so as to be readily noticeable, is placed in front of them. This date card shows when, if no reply is received to the first communication, it will be in order to send a second.

If the first communications are mailed on the 10th of the month, the date card behind which these cards are placed will bear date of the 30th, thus showing that on the 30th of the month another clipping, or some other form of literature should be sent.

Whenever one of the parties thus addressed is heard from this card is given a file number and transferred to the prospective list, the purport of the enquiry and the nature of the reply being noted on it. There is never lack of material to work on. People who have heard of the doctor are writing to him all the time, and the clipping bureau is continually sending in items about people in various parts of the country who have become afflicted with serious chronic troubles.

Every physician who practises in this manner should have a neat pamphlet descriptive of his treatment and the results obtained in various ailments. It is the duty of the press agent or correspondence chief to prepare this. It should be modest in language and give an outline of the pathology of certain diseases as well as the therapeutic effects of the treatment in a rational, plausible

manner. Exaggerated statement, or defects in technical description will defeat its purpose. The typography must be neat and in good taste, and the paper of high quality.

Right here it may be stated that many physicians are penny wise and pound foolish in the matter of literature and stationery. The best is none too good. Neat, handsome work attracts attention, while the cheap, slipshod variety repels.

If the clipping first sent has not brought an enquiry by the tenth day, mail one of the pamphlets. The recipient will read this with interest and note particularly what has been accomplished in cases strikingly similar to his own. On mailing the pamphlet the fact should be entered on the card, with date of mailing, and the card moved back another ten days, ready to be taken up again on the 30th. By this system there is a constant stream of mail matter going out every day, and each card contains a record of just what printed matter has been sent to each prospect, and when.

Allowing that neither the newspaper item or the pamphlet bring enquiries Mr. Press Agent will, as his third effort, address the sufferer by letter somewhat as follows:

G. H. WILKINSON, M. D.

SPECIALIST IN CHRONIC DISEASES

— Michigan Avenue

CHICAGO, Sept. 9, 1910.

Mr. John Peters, Beeville, Wisconsin.

DEAR SIR: Recently, at the suggestion of a mutual friend, I mailed to your address a copy of a pamphlet containing an account of

what has been accomplished in the treatment of cases similar to yours by an entirely new method. This I hope you have received and had time to read over carefully as I am confident you will find it of interest.

The gentleman referred to (who requests that his name be withheld) has told me considerable about your case—just enough to arouse professional curiosity. This is my only excuse for intruding upon you. If you will kindly forward details, stating length of illness, nature of symptoms, what has been accomplished in the way of treatment, etc., I may be able to use the information to the benefit of others similarly afflicted.

Should I be able to offer any suggestions or advice which may tend to improve your condition, I shall be glad to do so. For this there will be no fee or charge of any kind—it will be merely exchanging one favor for another.

Yours very truly,

G. H. WILKINSON, M. D.

No appeal here to come in and be relieved of a big fee; no intimation that the doctor would like to have Mr. Peters as a pay patient. On the contrary the doctor only seeks information that may be of benefit to other patients. At least this is the way Mr. Peters interprets it.

“Fine fellow, that doctor,” says Mr. Peters as he reads the letter, and he sits him down “with pen in hand” to describe his case, invariably winding up with an enquiry as to whether the doctor thinks there is any hope for him. The reply from Mr. Peters is forthcoming all the quicker because the doctor has thoughtfully enclosed a plain stamped envelope bearing the written (not printed or type-written) address, “G. H. Wilkinson, — Michigan Ave., Chicago.” No M. D., attached to the title, nothing

to give the inquisitive hangers-on at the post office in Beeville a clue to the true nature of the communication. When these busybodies happen to catch a glimpse of Mr. Peters' letter they have no suspicion that it is a doctor their fellow townsman is writing to. Nothing to show it on the envelope. No doctor's return card in the corner, no printed or even type-written address.

No sir-ree. Dr. Wilkinson is too smart for that. Experience has taught him that the average man does not like to have his friends and neighbors know that he is corresponding with a strange doctor. Hence the "sent-securely-sealed-in-plain-package tactics."

It's different in a big town or city where the facilities for becoming acquainted with the nature of a man's correspondence do not exist, and the rush of business is so great that even postal cards go through the mails unread by any one except the sender and the receiver.

But in the rural districts where Absalom Squash and Praise-it-all Tompkins assist Hiram Gaylord in his duties as postmaster to the extent of closely inspecting every letter that comes in or goes out—why that's another story.

"Wonder what John Peters is writing to that fellow in Chicago erbout?" says Absalom Squash as he picks up the letter addressed to G. H. Wilkinson and holds it up to the light in a vain effort to get an inkling as to the contents. But this Wilkinson chap is wise. He has provided an extra heavy envelope, white on the exterior, but blue coated inside, to thwart just such efforts. Against the postal regulations for anybody outside of the postmaster or his sworn assistants to handle the

mail? Of course it is. But this regulation is a dead one in nearly every small post office in the country.

When Mr. Squash goes home he reports to Samantha that "John Peters is writin' to that Chicago fellow again. John had a letter from Chicago day before yesterday, and today he sent off the answer, but he didn't write the address himself."

"How'd you know 'twas from Peters, then?"

"'Cause his boy brought it to the office," answers Absalom triumphantly.

Samantha is interested and runs over to her friend Abigail Simpkins to discuss the strange occurrence. That they are unable to do more than enjoy a little idle gossip is owing to the lack of any clew on the envelope as to the nature of the business or occupation of the party addressed.

In this feature Dr. Wilkinson's plan is a good one. In corresponding with patients or prospective patients use plain envelopes, or if some safeguard in the matter of return is desired, use a post-office card in the corner such as "If not delivered in five days return to Box —, Chicago Post Office." Nothing more. Should anybody make an effort to ascertain who has rented this particular box in Chicago, or any other city of decent size, he will be politely told by the postal officials that it is none of his business.

Sometimes the parties addressed die before the letter reaches them. In cases of this kind the return card in the corner of the envelope serves a good purpose. It is the duty of the postmaster to return it to the address given in the card marked "Party dead." When this hap-

pens the correspondence chief takes the card from the file and destroys it. There is no use wasting time, stationery and postage on dead ones.

About five or six forms of these preliminary letters are prepared, and each is given a number such as No. 1, No. 2, and so on. When they are to be sent out it is not necessary for the correspondence chief to dictate a letter to each prospect. He merely sorts out the cards which are due to be attended to that day and turns them over to one of the girls to send No. 1, or No. 2, or whatever letter may be in order.

The stenographers have copies of all these letters and, as they write them, the form number of the letter and the date of its mailing is entered on the prospect card. After the list of letters has been exhausted the cards are transferred to another file to be used later in connection with the "I have been called to your town" correspondence. This is a great labor-saving system and makes possible the transaction of an immense amount of correspondence at the minimum of expense.

Many invalids, especially those who have tried various forms of treatment without obtaining relief are doubters—they insist upon "being shown." They insist upon some convincing evidence that this special treatment has merit. This is easy in most instances although once in a while the specialist runs across a hardened old cuss who would not believe the Angel Gabriel under oath, and doesn't hesitate to say so.

Nearly every physician is sure to have some patients who have been greatly benefited by his treatment and are truly grateful for the relief obtained. The securing

of the right kind of letters from these patients is only a matter of request at the proper psychological moment. After a friendly talk with one of these patients some day when the latter is feeling unusually exuberant, and has deftly been led up to the stage of declaring that he can never repay the doctor for what he has done for him, the physician will say:

"Oh, that's all right, Mr. Brown. I am sincerely happy to know that the improvement has been so great. No matter what we do, there is sure to be scoffers and doubters. But a physician's hands are tied. There is no way in which he can overcome this bias except with the aid of just such men as yourself. Now, if you could find it convenient to write a letter stating just what has been done in your case I would keep it in my desk to show such doubters as may drop in on me. Not as an advertisement or a puff mind you, but merely as a means of overcoming unfair statements. But I feel that this would be asking too much of you."

"Not at all, doctor. I'll be only too glad to do it. But the fact is doctor, I'm a poor letter writer. If you'll prepare something I'll sign it."

This is just what the doctor wants and at the first opportunity he slips out and passes the word to the correspondence chief. The latter prepares a letter which the doctor copies in his own handwriting. When it is submitted to Mr. Brown the doctor says:

"This will look and read better on one of your own letter heads. If you will copy it on your stationery I'll appreciate the favor. When finally written and signed the letter will be about like this:

JAMES H. BROWN

DEALER IN HIDES AND TALLOW

· Union Stock Yards

CHICAGO, Sept. 9, 1910.

DEAR DOCTOR WILKINSON: I am sure you will be glad to know that the improvement in my case continues and grows, if anything, more noticeable daily. Considering the physical wreck I was three months ago, the change is little short of miraculous. This is not only my opinion, but that of my friends as well.

It is particularly gratifying to have those who called me a fool when they heard I was going to Chicago to be treated for locomotor ataxia now acknowledge that they were mistaken, and congratulate me on my action.

If I can serve you in any way don't hesitate to call upon me. It is my duty to let fellow-beings similarly afflicted know what you have done for me.

Gratefully yours,

JAMES H. BROWN.

In the same manner the doctor secures similar letters from other patients. These are reproduced by the zinc-etching process, business headings and all, and when properly printed few people can tell them from the originals. When copies are sent out to prospective patients accompanied by the right kind of a letter of explanation the persons receiving them believe, as a rule, that the doctor has forwarded for their inspection the correspondence of Mr. Brown, or some other patient, and this impression induces many people to return them so the doctor will not lose such valuable communications.

The author, who has long experience in this line, has had many such letters sent back with notes of thanks for the privilege of reading them. One of these notes, which he still retains, reads as follows:

OSHKOSH, WIS., April 15, 1910.

DEAR DOCTOR: I have read the letters you sent me, with a great deal of interest, and will say to you frankly that they have convinced me that there must be a lot of good in your treatment. I am now making arrangements to come to Chicago, and will do so as soon as I can close a deal which is now pending and get hold of some cash.

I return the letters as I know you must prize them highly, and would dislike to lose them.

Will write you a day or two before I start, as it will be necessary to have some one meet me at the depot.

Very truly yours,

Did I get this man for a patient? Yes, and he paid a good fat fee. And the best part of it all is the fact that, after about three months of treatment, he went back home comparatively a well man. On his first visit to the office he was in a wheel chair—he could not walk. When he left he was able to walk a mile or more without undue effort.

It would defeat the purpose in using these letters from patients to send them broadcast as circulars. Discretion must be used as to the manner of distribution. Never send one until you have had considerable correspondence with a prospect, and then be careful that duplicates do not get into the small towns. The smaller the town the faster the news travels. If John Smith, living in a hamlet of 300 population, receives communications of this kind it is only a matter of a few days until everybody in the place knows of it. Smith tells his wife, his wife tells somebody else, and in this manner the news is circulated.

Now, if Aleck Brown, living in the same town, or close by, should get duplicates of these letters Smith and the others would soon hear of it and, instead of being looked upon as priceless treasures submitted for Smith's inspection, they would naturally be classed as some new-fangled method of circular advertising.

Having passed several preliminary letters with Mr. Smith without getting him to commit himself as to coming in for treatment, pick out a couple of the letters from patients which apply the most directly to his case, the particulars of which may be obtained from the prospect index. Enclose these with a letter of your own addressed to Mr. Smith, and reading about like this:

G. H. WILKINSON, M. D.

SPECIALIST IN CHRONIC DISEASES

— Michigan Avenue

CHICAGO, ———, 1910.

Mr. John Smith, Vail's Gate, Mich.

DEAR SIR: In a recent letter you expressed doubt as to the merit of any treatment that could be applied in a case like yours. In view of the many disappointments which you have had I cannot criticise you for holding this opinion. It is a natural one under the circumstances.

I am not writing this letter with a view to changing, or attempting to alter in any way, your decision on this point. You have probably made up your mind on the subject, and that's the end of it.

Despite this I am positive that you will be interested in the enclosed letters from former patients in which they express their views as to the treatment, and the results obtained in their cases. After reading these communications I shall be under obligations if you will kindly return them to me, as I would not like to lose them.

Very truly yours,

G. H. WILKINSON, M. D.

Again a plain, stamped, hand addressed envelope is also enclosed so that Mr. Smith may be put to no expense or trouble in sending back the precious letters, thousands of copies of which are kept in stock in the doctor's office.

All communications emanating from the office bear the pen-written signature of the physician in charge, but he sees very few of them. He is not even conversant with their contents, except as he may happen to discuss the subject with his correspondence chief. It is the latter who directs the correspondence and conducts it in the name of the physician. He is the business getter of the concern. It is his duty to get prospective patients coming into the office; it is the physician's duty to handle them after they get there, and to obtain as large a fee as possible in each instance.

CHAPTER VIII

GETTING AT FINANCIAL STATUS

While, with proper effort and organization, it is possible to ascertain in advance the financial worth of nearly every prospect in the manner already outlined, there are many instances in which this cannot be done through any of the ordinary channels. Some people conceal their occupation by writing under an assumed name on plain paper, so that an enquiry through a commercial agency will reveal nothing, except, perhaps, the statement "party unknown."

Others will come in on the physician unheralded, without any preliminary correspondence. But, if the physician understands his business, he will get at the facts just the same as if the callers had introduced themselves with statements from their bankers showing their financial rating.

Let us imagine the case of a man who drops into the office and enquires for the doctor. The reception room girl will ask his name so that she can announce his arrival.

"The name doesn't matter," says the caller. "The doctor doesn't know me."

"Have you an appointment for any specific time?"

"No. Just dropped in to see the doctor."

"Well, the doctor is very busy just now, but he'll be disengaged in a few moments. Take a seat please, and as soon as he is at liberty I'll let him know you are here."

Don't overlook this waiting part of the program. It is important. Creates the impression that the doctor is a busy man, and that time is valuable. Always keep a caller waiting at least ten minutes, even if the doctor is engaged in no more profitable occupation than reading a magazine. When the caller is finally shown into the consultation room the doctor receives him with dignified courtesy and apologizes for having to keep him waiting.

This consultation room should be so arranged that, when doctor and caller are seated facing one another, the light should fall on the latter's face, the doctor being in the shade as it were. This allows of close watch being kept on the emotions which may play across the caller's face, while those which the doctor may not be able to conceal (these will be few) will pass unnoticed.

After the conventional greetings the caller will undoubtedly outline his case, and ask the doctor for his opinion.

"I must know more about the conditions, Mr. — by the way, I didn't get your name? Robinson. Well, as I was saying, I must know more about the conditions, Mr. Robinson, before venturing to give an opinion. I have many cases strikingly similar in which the results were all that could be reasonably expected. At the same time,

as a matter of frankness, I must admit that there are others in which I have been disappointed."

This apparent candor on the doctor's part wins the confidence of the caller and he talks freely, describing his case in detail. The doctor listens attentively, butting in with a question only when the caller seems to lag in his talk. When the ailment and its symptoms have been fully described the doctor says:

"Yours appears to be a somewhat peculiar instance, Mr. Robinson. There seems to be indications of severe mental strain or worry. Of course, I may be mistaken, but that's the way it looks to me. Have you had any great domestic or business worries?"

"No, sir. Everything is moving along smoothly, both at home, and in my business."

"Frequently a man's business, Mr. Robinson, involves a strain which he does not realize. He becomes so accustomed to its routine that he staggers along with worries that would crush a man not accustomed to them. There are some occupations which are a great deal more trying in this respect than others. One of my patients—of course it would not be proper to mention his name—is a banker who was on the verge of insanity when he came here, through worry over his financial affairs."

"Oh, there's nothing of that kind, no worries I mean, in my case. My business—I'm a stock dealer—is flourishing. I'm making money. Cleared \$25,000 last year, have a fine home, a good wife and family, and would enjoy life if it were not for this annoying trouble. If it were not for the hope that relief may be found I would be sorely tempted to kill myself."

The secret is out. Unwittingly Mr. Robinson has disclosed the fact that he is well off financially and able to pay a good fee, which information is of more importance to the doctor than the description of the caller's physical ills.

The conversation drifts back to the ailment, the caller telling of the various treatments he has taken, and the results. Among other things, he says:

"I have consulted a number of eminent physicians, among them Drs. ——— and ———, and they all told me that there was no real cure for the trouble. What do you think, doctor?"

"Naturally I dislike to set my opinion against that of the famous men you have mentioned. They are among the ablest in the profession. Their ability is unquestioned. Still, we may all be mistaken. In the absence of a thorough physical examination I would not like to say positively what the outcome of this treatment would be. It does seem, however, in view of the success obtained in similar cases, fully as serious, if not more so, that there is good reason to feel sanguine."

No promise here. No rough, "Sure thing, I can cure you," such as the cheap \$5 fakirs indulge in. Nothing of the kind. The doctor is the very personification of social and professional dignity. His appearance and manner is impressive, and the kindly way in which he takes a hidden clout at those "famous and able specialists" wins the caller to him.

"What would be the fee for an examination, Doctor?" the caller enquires.

"I make no charge for that service," replies the doc-

tor. "It is an essential preliminary to determining whether the case is one in which the treatment may be administered with reasonable chance of success. My plan is to give every applicant a close examination and reject such cases as appear hopeless. Failures don't help a physician's professional reputation any, so what's the use of wasting a man's time and money when it is a foregone conclusion that he is beyond help?"

This is the clincher. If the caller had any doubt as to the doctor's honesty and sincerity this little spiel removes it. He is going to have that examination made then and there, fervently praying all the time that the doctor may find his case one which he would be justified in taking in charge.

But suppose the caller does not broach the subject of an examination fee, and thus give the doctor an opportunity to make his stump speech. It matters not. There are a dozen ways of leading up to the subject without exciting the suspicions of the caller.

"When would it be convenient for you to make this examination, Doctor?" is a question that naturally follows from every nine out of ten callers.

"There's no time like the present, Mr. Robinson. It will take about half an hour, and"—(here the doctor consults his watch, and opening his engagement book runs a finger over the record) "Yes, I have just about half an hour before the next regular patient is due. I suppose there are some strangers waiting to see me now, but you are ahead of them. I would make an engagement for to-morrow were it not that I shall be very busy and will not have time to give you the proper attention."

Mr. Robinson steps behind the screen which stands in one corner of the reception room, and when he is disrobed the doctor gives him a very thorough physical examination, stopping now and then to make notes of the case. He asks many questions relative to the ailment, and makes a special feature of testing the sensitive, super-sensitive and non-sensitive areas with a pair of callipers. As every medical man knows there are exterior portions of the human body on which the least bit of pressure will produce a "flinching" on the part of the patient; there are others on which considerable pressure may be applied without noticeable effect.

"Why, did that hurt you, Mr. Robinson?" enquires the doctor as the caller shrinks when the callipers touch a super-sensitive spot.

"Well, yes, a little, Doctor," is the reply. "Anything wrong there?"

"I hope not," is the doctor's answer, but he shakes his head gravely, impressing Mr. Robinson with the belief that there is more serious trouble than the doctor cares to admit.

After some fifteen minutes of this kind of work the doctor says:

"This is a most peculiar case, Mr. Robinson, but there's nothing, so far as I can ascertain, but what may be overcome by proper treatment. At the same time the conditions are so unusual that I would like to consult my associate, Dr. Thompson. Two heads are better than one, you know. May I call him in? You will then have the benefit of his opinion as well as mine."

"Why certainly, Doctor."

Dr. Thompson, who is kept for just this purpose, and to treat outside patients who are unable to come to the office, is summoned by electric call, and comes in. He is a dignified, very professional-looking old chap, neatly clad in dark Prince Albert suit, and wearing glasses—the beau ideal of a medical authority.

“Mr. Robinson, allow me to introduce Dr. Thompson.”

Then to Dr. Thompson: “Doctor I have been examining Mr. Robinson and the conditions are so unusual that I would like to have your opinion and see how it coincides with, or differs from, mine. I think there can be no question but what it is a pronounced instance of *tabes dorsalis*, and yet the conditions are far out of the ordinary.”

During his preliminary talk with Mr. Robinson the doctor has wormed out of him the fact that his ailment is locomotor ataxia, so he is taking no chances in committing himself to the statement that he believes the case to be a “pronounced instance of *tabes*.” Besides, this is a convenient manner of conveying to Dr. Thompson a “tip” as to what his verdict should be.

Together the two doctors go all over Mr. Robinson again, making comment in professional language as the examination proceeds. At the end, while Mr. Robinson is dressing, they sit down together and discuss the conditions in a subdued tone, but loud enough so as to make sure that Mr. Robinson will catch the import of the consultation. When the caller rejoins them Dr. Wilkinson says:

“I am happy to be able to say, Mr. Robinson, that Dr. Thompson agrees with me fully as to the nature of your

ailment, and also that, while the conditions are serious, there is every reason to expect satisfactory results, provided proper treatment is administered without further delay."

Dr. Thompson endorses this in a few well-chosen words, and then excuses himself on the plea of being very busy. He will probably retire to the correspondence room and read a magazine until summoned to play the same role again with the next caller, but there's no use in telling Mr. Robinson so. "Very busy" is always a trump card in the hands of "eminent" physicians.

After Dr. Thompson has left the room Dr. Wilkinson begins to straighten out the furniture in his office, apparently as a hint to Mr. Robinson that he is getting ready to receive another caller. But he is doing nothing of the kind. He is merely using tactics to bring Mr. Robinson to the crucial point of declaring that he is going to take the treatment. Standing up, as if to bid his caller good bye, the doctor says:

"There is one thing I would impress upon you, Mr. Robinson. Such troubles as yours are not benefited by delay. The longer you put off treatment the more aggravated your condition will become, and the more difficult it will be to accomplish anything in the way of relief. You should take treatment from some competent physician right away."

There is no plea here for Dr. Wilkinson's special treatment; no solicitation to become a patient of this particular establishment. Mr. Robinson is still further impressed with the doctor's fairness, and also his professional ability as the diagnosis was the same as that made

by other physicians. He does not know that he has told the doctor of the opinions and findings of the others, and is therefore all the more strongly inclined to look upon Dr. Wilkinson as a most remarkable man, a veritable past master in the profession.

"Well, I'd like to take this treatment Doctor, if it doesn't cost too much, but I am unable to get away from my business just now. I must run back home for a couple of weeks and put my affairs in shape so I can stay here for a while. How long do you think it will take?"

"That's something I am unable to state definitely. In some instances, apparently fully as bad, if not worse, than yours, the desired results have been obtained in three months; in others these results have been delayed for six and nine months, and in a few cases even longer."

"What will it cost me, Doctor?"

(This subject—fixing the fee—is treated at length in another chapter—IX.)

There are some specialists who lack tact in ascertaining a caller's financial responsibility, or in gaining his confidence. Their work is so coarse that it repels instead of attracts. These men rarely, if ever, obtain any considerable number of patients among well-to-do or intelligent people. Their practice is invariably cheap, and \$50 fees are few and far between.

One specialist of this description opened an office in Chicago. He was a good physician and his ability had been recognized by his appointment to important professorships in various medical colleges and hospitals. He failed as a specialist because he lacked tact. If Mr. Robinson had called upon him he would have

been brusquely received in a cheaply furnished one-room office, and the money feature would have been uppermost in the doctor's talk. Instead of getting the caller interested in the treatment, by means of a courteous reception, and strict attention to an examination for which no charge was made, the itch for money would have been so apparent that Mr. Robinson could not help but notice it.

Following is an almost verbatim report of the manner in which a caller was received in the office of this physician. After a short discussion of the case and before an examination was made, or even suggested, the caller asked:

"Do you think you can cure me, Doctor?"

"I don't think, I know," was the surprising answer. "There's no question about it. In three months you'll be as sound and well as you ever were."

The caller was an intelligent man, and the boldness of the statement, taken in connection with the circumstances under which it was made—the physician having had no opportunity to ascertain the exact conditions—was far from reassuring. It was a bad break on the doctor's part, but there was worse to come. The caller had made up his mind not to trust himself in the hands of this physician and, as an easy means of escape, asked:

"What will the treatment cost, Doctor?"

"How much money are you earning? Are you working for somebody, or are you in business for yourself?"

"What has that got to do with it? What difference does it make to you how much my income is, or where it comes from?"

"We're not treating people for nothing here. We must know that you are able to pay the fee."

"But you have not told me what the fee is."

"No, and I don't intend to until I know what your income is. My rule is to get about one-quarter of a patient's income for the time he is under treatment."

"Then you have a sort of sliding scale as to fees?"

"Certainly. If you are earning \$50 a week the treatment will cost you \$12.50 a week. If you are earning \$100 a week it will cost you \$25 a week."

It is any wonder the caller went away disgusted? And yet this doctor is unable to understand why he cannot succeed in special practice. He can see nothing wrong in his method of handling callers.



CHAPTER IX

DECIDING UPON THE FEE

Having ascertained the financial status of the caller, and developed the fact that he wants to take the treatment, the next move is to fix upon an acceptable fee. Here, again, tact must be used. Ability to pay is not everything. You must know your man. Take two men of equal financial rating. To one a fee of \$1,000 would be an extortion; the naming of that amount would give him a violent attack of heart disease, and yet he could well afford to pay what was asked. The second man, with no greater financial resources, would write out his check for \$1,000 without a murmur, and think himself lucky to get off so cheaply.

It's all a matter of psychological impression. If you know your man thoroughly, and approach him at the right moment, you can get any fee that is within his ability to pay. And this "knowing your man," rests largely upon the manner in which you receive him, and the impression you make upon him. It is a reciprocal affair. If you get his confidence to the extent that he

unbosoms himself to you freely, you "know" him; if you don't you are going to have hard sleddin'.

If the profession is to be judged according to its own standards the low estimate of the value of medical services held by the public at large is not to be wondered at. If the physician does not place the value of his skill and ability at a high figure, how can he blame the public for taking advantage of the low rates he names. Surely the people are not going to volunteer to pay more for an article than the owner asks for it.

A young Western physician, with the right kind of get-there spirit, settled in New York, where he was called upon to care for a young woman, the daughter of a multimillionaire, who was suffering from typhoid fever. He saved her life, after a struggle of six months, and sent in a bill for \$5,000, hoping that he might get half of it. Back came a check for \$5,000, with a letter of thanks, and a "bonus" check for \$50,000 more. This may seem improbable, but it is a fact.

This instance is cited for a two-fold purpose: First, to show that it does not pay to undervalue your services; and, second, that Eastern people are, as a rule, financial resources being equal, more accustomed, and more inclined, to pay liberally than those of the West. In discussing this incident a Chicago physician, a well-known man, said:

"A Chicago millionaire would have 'kicked' on the \$5,000 bill, insisted on its being cut to \$2,500, or less, and, this being done, would have stood suit rather than settle at his own figure." In this connection Dr. Lydston quotes the following case:

One of our greatest "merchant princes" was under the care of a specialist and, as his time was very valuable, insisted that the doctor let him in at his private door ahead of all other patients, regardless of the order of arrival. His bill at \$10 a visit amounted to something over \$300. The "kick" registered by our "prince" might have been heard in Alaska. Result, the bill was cut in two and the doctor has another enemy on his list.

Another merchant prince, who is well known on State street—we will call him Mr. Bird, because that's almost his name, and he is one—came to see me one day in this wise: He had heard that I had recently operated on a friend of his and removed a renal calculus. Would I show him the specimen? He then gradually developed the interesting fact that he had gall stones and had been advised to submit to an operation. What did I think of his case, and what about his operative prospects? Three-quarters of an hour slipped away, and my opinion in general had been obtained, when I suggested a physical examination.

"Oh, well," he said, "you see, it has grown so late that I will not have time to-day. I'll see you day after to-morrow," etc.

That same evening, while riding to a case in consultation with one of my surgeon friends, that gentleman said, "Oh, by the way, ———, I'm going to operate on Bird to-morrow for gall stones." And so it proved. I sent Mr. Bird a bill for consultation and he replied that he owed me "nothing," had "just made a friendly call," etc. I finally threatened suit and he paid the bill grudgingly, and as insolently as he dared at long range. Let me as-

sure the reader that that \$25 was a sweeter morsel than ten times the amount from any other source. Oh, how it must have hurt my friend Bird! I trust he will be a mine of wealth to my surgical confrère—he has “gall” enough to run a stone quarry in his hepatic apparatus for a hundred years to come.

Medical fees have not yet shaken off the incubus put on them by the dollar fee of the medical “daddies.” When the country was yet new, the fee question was practically settled by some of our medical pioneers, whose influence has never been dispelled. The one-dollar consultants were over-modest. We have always been ready to concede that such fees are an undervaluation of the consultant’s skill. The profession has ever refused to take some men at their own valuation—but it has suffered from the incubus just the same. Philanthropy has been advanced as an explanation of cheap fees. Quoth the experienced and distinguished low-priced man, “What would the poor people do if I made myself less accessible?” They would go around the corner to that young doctor whose shingle you see swinging to the breeze, and pay more money for better service than you or any living man can give for the fees you charge. In general, the public gets just about what it pays for, save where the matter is one of absolute charity or dead-beatism.

What does a man study law for? In order that he may be able to practice successfully and make money.

What does he study architecture or civil engineering, or any of the other professions for? Always with the one purpose of making money out of them.

No, not always. Medicine is an exception. Judging by the ordinary standard of fees men study medicine in order that they may make an unappreciative public a present of their time and skill—at least most of them do.

No fee within the range of the patient's ability to pay is ever too great for medical services. The doctor is never in danger of being overpaid. He should "temper the wind to the shorn lamb," but appearances are deceitful, and the doctor had best be in at the shearing, else there will be no wool for him. "Virtue is its own reward" may sound very pretty, but it is not consoling in view of the fact that it gets no other in this life and its reward in the world to come is rather problematic.

While always seeking to get the largest fee that is within the patient's ability and willingness to pay the clever doctor will never let the patient know but what the matter of a fee is a secondary consideration. His earnest talk will be on the prospect of obtaining the desired results. So far as the patient can judge from the doctor's attitude and conversation the professional features of the case have a much stronger hold upon his mind than the financial.

It is always best, of course, in the matter of fixing the fee to "strike while the iron is hot." Do it at the first consultation, if possible, and have it out of the way. But the iron is not always hot at this first meeting. Unless assured that you have won the entire confidence of the patient, and that you can safely go the limit with him, don't attempt to name the fee right away. If you do it is a certainty that you will get far less than could readily be had under more favorable circumstances. In

a case of this kind, should the patient press to have a fee named, say:

"The fee is a secondary consideration with me, Mr. ——. What I am most interested in is knowing whether I can benefit you. If I can it will be an easy matter to agree upon the fee. If I cannot, it would be a waste of time to take the treatment, and I don't want your money."

This is pure "bunk." The doctor doesn't mean a word of it. He is merely sparring for time until he can get the patient in a more receptive condition, but it makes a ten strike. Whatever of doubt or hesitancy may have remained in the patient's mind is removed.

With the powerful remedies now at a doctor's command it is a most unusual case in which a decided change for the better does not follow the first two or three days of a new treatment. When this stage is reached the time is ripe for naming the fee.

A gentleman suffering from locomotor ataxia came into the office of a certain physician. He was frank in his statements. He admitted that he was fairly well fixed financially and had travelled all over Europe in a vain effort to find relief. He was willing to take the treatment as a sort of forlorn hope and wanted the fee fixed, but the doctor could see that he was still a little skeptical, and put him off in the manner outlined. On the third day of treatment the patient said:

"Doctor, I want to get this fee matter out of the way. I know I'm going to get well. For the last two nights I've slept like a baby, something I haven't done before in years, and I feel better in every way."

This was the doctor's opportunity and he took advantage of it, saying:

"Well, Mr. —, since you insist upon knowing the cost of treatment I'll name a fee of \$1,000 in your case."

The man's check book was out and a check written and signed in less than five minutes. It was the proper psychological moment. As the patient said later:

"I was surprised, Doctor, at the moderate fee. If you had said \$5,000 I would have paid it just as quickly as I did the \$1,000."

This man got well. The state of his mind had a great deal to do with his recovery. The treatment was beneficial, but he had made up his mind that he was going to recover, and that was a great factor.

Allowing that the psychological moment is reached at the first meeting, the caller being in a receptive mood and asking for the terms of treatment, which is often the case. Don't be modest. It is easier to lower the terms than to raise them. If the figure you name is objected to as being beyond the means of the caller there is always a way out. Then is the time to say:

"The figure I have named, \$1,000, is the regular fee, Mr. —, but I can readily understand that to pay this amount might work a hardship in your case. We are not doing a charity practice. We can't afford to. And if we were I am positive you are not the kind of a man who would take advantage of it. You want to pay for what you get, provided it is within your means.

"In many respects your case is a most peculiar one, and I would like to undertake it as there is every reason to look for wonderful results. Now I am going to make

you a proposition in strict confidence, and with the distinct understanding that it remains a secret between the two of us. I will make the fee \$500, and, when you are restored to health, you are to write me a letter which I may show privately to other people who are suffering in the same way. But, under no conditions are you to tell anybody what fee I charged."

Jump at the proposition? Does a hungry fish take the bait? He thinks that he is getting something for nothing; that a special exception has been made in the matter of a fee because the doctor is confident of restoring him to health and wants the credit and reputation that would attach to such a cure.

During all this conversation the doctor has cleverly refrained from alluding to such a thing as a cure in direct words. In no manner has he committed himself in this respect, and yet the bait has been so skilfully dangled that the caller can get no other impression than that a cure is sure to be obtained.

Then there is another class of men who will object to any fee that may be named in the hope of getting a reduction. In most instances men of this class are abundantly able to pay, but are "close." If gold dollars were offered to them at 90 cents apiece they would want the price lowered so as to save something. When a man of this kind is encountered, and the doctor is bent on getting the fee he has named, the best thing to do is to make him ashamed. This may be done without offending them. One notably successful case taker, famous the world over for his ability to get large fees, made it a practice to say:

"I agree with you, Mr. —, that \$1,000 seems like a large fee if we leave the matter of perfect health out of the question. You surely don't expect to buy health on the same basis that you would coal or grain, or some other merchantable commodity. You are too sensible a man for that. When you stop to consider that this ailment is chronic—let's see, I think you said you had been afflicted about eight years—and that it is going to take earnest attention on my part for a long time to restore you to a normal condition, I think you will agree with me that, even if we adopt a cold commercial basis of valuation, the fee is not an extravagant one."

"Perhaps you're right, Doctor, and if I could have any assurance that —"

"Assurance. What can you have beyond what I have given you? My professional reputation is at stake, and you have been advised as to what has been accomplished in other cases. Surely you could have no stronger assurance, especially that contained in the letters from patients which I have shown you."

All this is said in a low, well-modulated tone, without show of special desire to close the case, and it generally wins. If it does not there is always the alternative of making a special reduction in this particular case on the understanding that the terms are confidential, etc. But it is seldom that this has to be resorted to.

When patients go for treatment to a physician of fame, one whom the newspapers are forever referring to as "the eminent," or "the famous Dr. McSwat," they expect to pay large fees. If they could get treatment on ordi-

nary terms it would not be so highly esteemed. Fame is the open sesame to big fee getting.

If, after the talk outlined, a caller remains obdurate a star play may often be made by the physician arising, pushing his chair back a little, and saying:

"I don't wish to be discourteous, Mr. —, but I am compelled to ask you to excuse me. I am a very busy man, and I am afraid that some of the people who are waiting to see me will be getting impatient. I am glad you called, and have really enjoyed my talk with you. Drop in any time at your convenience. I shall always be glad to see you."

If the caller has any real intention of taking treatment this will generally bring him to time. In the first place it is equivalent to the doctor saying "I am too busy to waste my time on triflers," and this touches his pride. In the second place he is afraid that if he does not take advantage of the present opportunity something may arise to change conditions before he can see the doctor again.

CHAPTER X

GETTING FEES IN ADVANCE

It is one thing for patient and physician to agree upon a fee. It is another thing for the physician to get the fee in advance. Still, it can be done in most instances, but it requires diplomacy of a high order. It is frequently, one might say almost invariably, the case that, after the fee has been tacitly agreed upon, the patient will enquire:

"How is this fee to be paid, Doctor?"

"In advance," the doctor will reply in a mild, it-doesn't-matter manner.

"Isn't that rather hard on the patient, Doctor?"

"It is the only way in which we can protect ourselves. If we extended credit indiscriminately many patients, when assured that they were well started on the road to recovery, would disappear, and it would require long, expensive litigation to collect from them, even if we could get service on them here, which is doubtful. The average man, Mr. —, has a queer idea about the obligation of a doctor's bill. It is the last thing he will pay

voluntarily, even when almost miraculous benefits have been obtained."

"Don't you ever extend credit?"

"Oh, yes. When assured of a man's financial responsibility and honest intention, we are glad to accommodate him in a reasonable way if it is inconvenient for him to pay cash."

In this, as in naming the fee, the physician must create the impression in the mind of the subject that payment of the fee is about the last thing he is thinking of. There must be no anxiety, no undue haste to get the money—at least not so that the patient can notice it. Switching the conversation for a few moments back to the case itself, in order to get the patient's mind diverted, the doctor will finally say:

"Now, in your case, Mr. —, if it is any object to you, I can arrange for you to pay the fee monthly. If this is satisfactory you can pay \$150 a month while you are under treatment."

"How long will that be, Doctor?"

"I don't know. Certainly six months, perhaps twelve, and possibly longer. Nobody can tell in advance how a chronic ailment like yours will respond to treatment. It is very seldom that we have two cases exactly alike in this respect. If there is such a thing as striking an average I would place it at about ten months."

"Would I have to remain here all that time?"

"Oh, no. A month or so, should be sufficient. May be less. Just long enough to allow me to get the treatment graduated to meet the requirements of your case. Then you may return home and continue it there. It would be

better, of course, if you could stay here the entire time, but there is no real necessity for it."

"On the basis of ten months it would cost me \$1,500?"

"About that. Perhaps a little less; perhaps a little more. By taking advantage of the \$1,000 proposition you will save about \$500. It is really immaterial to me which offer you accept save for one thing. No matter how well a patient is progressing there is sure to be more or less reaction at times. It would be marvellous if there were not. These spells of reaction are only temporary, but the patient, not understanding this, is inclined to become discouraged and, if he is paying his fee by the month, may quit just at the time when, if he had continued treatment a little longer, he would have become a well man. In such a case he not only loses the money he has paid, but also the certainty of recovering his health. On the other hand, if his fee is paid, he will argue that he might as well stick it out as it isn't going to cost him any more.

"Naturally I want to obtain as great an amount of success professionally as possible. For this reason when a patient asks my advice on the subject I tell him to pay the fee and get it off his mind. This not only saves him money, but relieves him of financial worry so that he responds more readily to treatment and, above all, it makes sure of his continuing the treatment until his health is restored."

While endeavoring to convince the patient that the fee occupies a minor place in your mind, do so by actions and manner, not by words. Never say outright that you don't care when the fee is paid, or that you are not think-

ing about the fee, or anything of that kind. If the patient sees fit to form this impression, let him do so; it strengthens the probability of your getting the money. The average man, especially the one who has money, is not a fool. He is quick to form conclusions. If he can see where he can save \$500 on a bill of \$1,500 he is going to grasp the opportunity without much urging, provided he is reasonably well assured of getting value received. This assurance is entirely a matter of confidence. If the doctor has obtained the patient's confidence by dignified, yet courteous (not servile) manner, and modest talk, he is going to get the fee then and there. If he has fallen short of securing this confidence all the arguments he can advance will not induce the patient to unbelt. In fact, the more argument he makes the weaker his case becomes.

A discount of one-third is a proposition which appeals to any man of business sense. He does not know, of course, that the physician has named a figure much higher than he is willing to accept, with this very purpose in view. One thousand dollars would be a lucrative fee if paid by the month, and the doctor can well afford to accept it in advance on the terms he names. Few people will take treatment longer than three, or at the most four, months. They either become well in that time, or grow discouraged and quit.

Another thing. There is a great deal of convincing force in the statement that payment of the fee in advance holds the patient to the treatment. At least it looks that way to the layman.

In most instances where a man has the funds in bank

he will write a check without further comment. Occasionally a patient will be unable to 'o this, owing to a shortage of funds, and will say :

"Well, I have decided to take the treatment, Doctor, if you can give me a little time on part of the fee. I can pay you \$500 now, but would like about sixty days' time on the rest."

"Certainly, Mr. ——. If it will be an accommodation to you I will be glad to do it. It is contrary to our usual practice, but I feel that I am safe in making an exception in your case."

The check is written and handed to the doctor who, without apparently examining it, puts it carelessly in his pocket, and then makes an entry in his desk diary, noting the patient's name and address, nature of his ailment, date, amount of fee, and size of payment. When all this is done the first treatment is given, and engagement made for succeeding treatments at a certain hour each day.

Taking advantage of the time when the patient is rearranging his clothes after treatment the doctor hurriedly fills out a sixty day note for \$500, making it payable to the order of the patient himself. Just as the latter is ready to leave the doctor will say :

"There's just one thing more, Mr. ——. In order to guard against any possible misunderstanding in the future I have drawn up a little memorandum of our agreement as a sort of protection to you. Now, if you will kindly place your signature there ——"

As he says this the doctor rises from his chair and

motions the patient into it, at the same time dipping a pen in the ink well and handing it to him.

"Yes, on that line; yes, that's the place. Now (turning the note over so the back is uppermost), once more across the end, so. There, now we have the agreement in form so no one can take advantage of you. Be sure to come promptly at 10:30 to-morrow."

After the first treatment most men are excited and easy to handle in this way. They do what the doctor bids in a sort of unconscious way. They don't realize that they are signing a note. The doctor has referred to it as a memorandum of agreement, and it seems only proper that there should be a writing of this nature.

Sharp practice? Yes. Dishonest? No. The patient has agreed to pay a fee of \$1,000. He has paid \$500 down and promised to pay the rest in sixty days. The doctor has merely induced him to put this promise on paper. If the maker of the note is responsible (and the doctor has assured himself of this in advance) the full \$1,000 is secured then and there, less an ordinary discount fee on \$500, as a note of this kind is easily negotiable. The doctor has taken the precaution to protect himself instead of depending entirely upon the honesty and good intention of his patient.

The latter has barely left the office before both check and note, properly endorsed, are on the way to the bank where the note is discounted and the proceeds, with the check, deposited to the credit of the physician.

It may be said that this sounds too easy and simple to be true. Perhaps it does to those who are not acquainted with the methods of the up-to-date "case

taker." But fees, and big fees, are being obtained in exactly this manner every day in every large city in the country.

The physician who has a well-established office practice does not, as a rule, resort to this method with his regular patrons at first. He charges what seems to be a large fee, \$5 to \$10 each time a patient calls, extends credit indiscriminately, and loses fully one-half of the money represented by his book charges. If he is wise he learns by experience, and caters to the patronage of strangers from whom he can get his fees in advance. He gradually gets too busy to receive those who want their fees charged. He has learned his lesson and is willing to profit by the example set by other doctors who, while not recognized as models in the line of ethics, know how to make the practice of medicine pay.

"How's business, Doc?" asked a friend of a physician who has achieved considerable fame as an office specialist.

"Bully," was the reply. "Did over \$300 to-day."

"Get it?"

"No, but it's good."

And the poor fool actually thought so until he failed to get any adequate returns from the many bills he sent out, or the numerous calls made by his hired collector. Now he is making money. Why? Because every caller, whether regular patient or stranger, who wants to consult that doctor professionally, must "ante" his \$10 with the polite secretary in the reception room before he can get into the doctor's office. Result, exodus of dead beats, and others whom there was no profit in seeing.

Prominent attorneys adopt this system. Why is it not just as ethical and fair for physicians to employ it? If a patient agrees to pay the fee asked by the physician there is no reason, moral or legal, why he should not do so. And yet, unless this fee is paid in advance, or well secured, the chances are about ten to one that the doctor will never get it.

Sometimes the patient will discover that the "memorandum" he is signing is a note, and may say:

"Why this is a note, Doctor?"

"Well, it is in note form, but you will see that it is payable to your own order, Mr. —." the doctor will say. "I don't think it will be of much use to anybody else. It is put in this form for your own protection."

This is usually sufficient, unless the patient is a city banker, or an unusually smart man of business. Should this latter be the case, which is not likely as men of this class invariably pay cash in advance, an explanation is readily forthcoming to the effect that it is merely an evidence of good faith on the maker's part, etc. Occasions of this kind are very rare, however, as most men are so thoroughly hypnotized at the moment that they readily do whatever the doctor suggests.

The smart man is as a rule the easiest to get a good fee from. His business education has been such that he is not looking for something for nothing. If a thing is really good he knows it must be paid for, and that the price must be in accordance with its merits—or supposed merits. Strong belief in actual merit is a matter of education, the doctor acting as instructor and demonstrator.

One holiday when the office was closed the writer and

the physician with whom he was associated in business were sitting in the doctor's private room discussing ways and means for getting in more patients. The main entrance door was locked. Suddenly the knob was heard to turn and it was evident somebody was trying to get in. Going to the door the writer opened it and stood face to face with one of the best known and wealthiest men in Chicago, a man noted for being extremely close in his financial deals. Affecting not to know him the writer said:

"What can I do for you, sir?"

"I'd like to see Dr. —."

"The office is not open for the reception of patients to-day, but the doctor happens to be here for a moment. If you will step in and take a seat I will ascertain if he can see you."

When the caller was seated the doctor was hurriedly notified as to his identity and financial means, and word was sent out to show the gentleman in. After a consultation of twenty minutes the caller left, and the doctor had his check for \$2,500. As he handed it to the writer the doctor said:

"Mr. — did not have one of his own checks with him, and had to write this on one of our blank forms. He doesn't want it to go through his bank in this shape and has asked me to hold it until he comes in Saturday when he will exchange it for one of his own."

The check was put away and on Saturday when Mr. — called the writer, who was the treasurer of the concern, was out at luncheon. As the new patient handed

the second check to the doctor the latter was compelled to say:

"I'm sorry, Mr. —, but I'm unable to give you back your first check right away, Mr. —, our treasurer, has it locked up in the safe, and I cannot get it until he returns from luncheon."

"Oh, that's all right," replied Mr. —. "Any time will do."

And away he went, leaving both checks, representing \$5,000, and as good as gold, in our possession. The doctor had won his confidence from the start.

In this particular instance there had been no advance correspondence, and the caller was unknown to the doctor either personally or by name. The writer happened to know him by sight and thus was able to "tip" him off to the doctor. If it had not been for this it is probable that the fee would not have been more than \$500, and the doctor would have congratulated himself on having done a good day's work at that. What makes the case even more remarkable is the fact, as previously stated, that the man had the reputation of being very close in money matters. Yet here was an instance in which he not only paid the fee of \$2,500 in advance without a murmur, but actually entrusted a stranger with \$5,000 of his funds.

After two weeks of personal treatment this same man, acting on the advice of the doctor (who was to share in the fee) had partially arranged to pay another specialist \$10,000 for the treatment of his wife, and was on the point of closing the contract when the blundering tactics of the second physician upset the whole thing. Negoti-

ations were progressing favorably, there was no dispute as to the amount of the fee, or anything of that kind, when a single mis-step aroused his suspicions, and the deal fell through. In talking the matter over later Mr. — said:

“I may be sorry, Doctor, that I did not accept Doctor —’s proposition, but to tell the truth he didn’t impress me favorably. Now if it were you who were to conduct the treatment I wouldn’t hesitate a moment.”

The joke of the thing—and it was a joke—lay in the fact that of the two men the doctor he had no confidence in was by far the more able and competent of the two. But he lacked tact; he didn’t know how to inspire confidence in his patients; didn’t know how to conceal the disagreeable truth and enlarge on the non-essentials making them appear as the more important of the two. He was too brutally frank. The doctor who got the \$2,500 fee and retained the entire confidence of his patient to the last, was a pastmaster in the gentle art of what is known in slang parlance as “bull con.”

All of which tends to show that the getting of a big cash fee rests entirely on the impression created by the physician. If this impression is favorable the fee will be forthcoming; if it is not a yoke of oxen couldn’t yank it away from the patient.

CHAPTER XI

GETTING ADDITIONAL FEES

It is a well-understood fact among physicians that the average man of 50 or over takes more interest and pride in his sexual virility than in any other phase of his physical system. It is equally well known that in almost every instance where a man has reached the age of 50 there is a very perceptible flagging or falling off in sexual power. In many instances it is entirely lost when the half-century mark is reached, or soon afterward. There are few men who care to admit this even to their family physicians, and, in consequence of this shyness, they fall ready victims to quacks of the "Be A Man" stripe.

When a man well past middle age comes into your office never broach the subject of sexual trouble to him at first, no matter how strongly you suspect it. If you do he will take treatment for that first, and that is the end of it. Secure him on some other line of treatment first. Humor his ideas in this respect—he has whatever ailment he may fancy he has. If you are satisfied

that he is in position to pay well, but is hard to deal with in a financial way, it will pay you to name a modest fee for the initial treatment, but don't let him get away. He will afford fat, liberal picking later on.

Where men of ordinary means will haggle over a \$250 fee for being successfully treated for some annoying, really dangerous ailment, they will pay \$1,000 or more cheerfully on anything that seems like a reasonable assurance of having their sexual power restored to its pristine vigor. There is not a physician in the land with any considerable practice who doesn't know this.

Having secured your fee from a patient of this kind for the regular treatment of the trouble concerning which he came to consult you, and at the time when the treatment is beginning to show favorable results, spring the trap. As before stated there is generally a time when nearly every patient responds to greater or less extent to a new treatment. This response may be only temporary; it generally is. When the indications of this response are seen then is the time to act. It is the proper psychological moment.

Direct the conversation to the marked improvement in his condition, tell how much you are encouraged by the very noticeable change, and suggest another thorough physical examination so that you may make the proper record of his case. When the patient has disrobed give him the same thorough, searching examination you did when he first came to the office. Pay no attention to the sexual organs at first, but, when nearing the end of the examination say casually:

"How long have you been in that condition, Mr. —?"

This is a random shot, but it will strike home ninety-nine times out of a hundred. There is very little chance of its going astray. Almost invariably the patient will ask:

"What condition do you refer to, Doctor?"

"Why your sexual organs are not exactly normal, are they?"

"Well, to tell the truth, Doctor, I am not as strong as I was a few years ago, but suppose it's the natural result of advancing years."

"You're not an old man yet, Mr. —. You are only 55, I think you told me. You ought to be good for at least ten years yet, and perhaps longer."

"Do you really think so, Doctor. Is there any hope in that direction?"

"Most certainly. There is little question about the result. Modern science has given us an entirely new method of treatment in cases of this kind the effects of which are little short of miraculous. The one trouble, however, is that it is expensive, so much so that I hesitate to speak of it as a rule."

No power on earth can prevent that man from having that treatment regardless of the expense. He has by this time an enlarged idea as to the doctor's ability. He is pleased with the results of the treatment administered for the original ailment. He is impressed by the evident professional skill of the doctor in "discovering" a sexual condition which he fancied was known only to himself. He does not know that the physician has simply made a shrewd guess; one that he is in the habit of making several times a week, and generally with the same result.

He is in the seventh heaven of delight. The doctor has adroitly dangled before his eyes a certainty which he had been vainly praying for. His next question is:

"What will it cost?"

Direct answer to this depends upon what the doctor has learned about the patient's financial rating and willingness to pay. Few cases of this kind are taken under \$1,000. Allowing that the physician has decided upon this amount as the extreme limit, he will reply:

"It is hard to say exactly, Mr. ——. Somewhere between \$1,000 and \$1,500. It depends upon what I have to expend for the remedies and permission to use them. They come from abroad and can only be obtained with the consent of the scientist who introduced them. That kind of men, as you doubtless know, are not always easy to deal with."

"Well, the price is pretty steep, but if you are satisfied the treatment will do the work I want it."

"There's no doubt about the merits of the treatment, Mr. ——. The only thing, as I said before, that holds me back from recommending it generally, is its high cost. Besides I don't, as a usual thing, care to handle cases of that nature."

Smart doctor! He has got his human fly stuck on a gummed trap from which he couldn't extricate himself if he would, and he doesn't want to. If this wonderful treatment will restore his lost sexual power, and the doctor, in whom he has strong confidence, has told him it would, he's going to have it. There is a little more conversation of an innocuous sort, and then the doctor says:

"I'll tell you what I will do, Mr. —. While I am not certain that the cost of the treatment may not run as high as \$1,500, you may pay me \$1,000 and I will endeavor to get the case closed for that amount. Should it be necessary to pay the other \$500 I'll leave it to your honor, but I am reasonably confident that I can make the necessary arrangements for \$1,000."

This looks good to the man who has rosy visions of a restoration to the fire and vigor of youth, and he generally draws a check on the spot. If his bank account will not admit of this he gives a "memorandum," at least that is what the doctor calls it, and the deal is closed.

There are similar ways of getting additional fees from patients who have already paid well for the original treatment. One man (or woman) needs the eyes looked after and fitted with proper glasses, another should have the teeth fixed up, another requires a special surgical appliance, while still another should have a special prescription compounded.

The doctor always has a list of experts to whom he directs patients on the fee-sharing plan, and these fees are never over-modest. To the doctor's credit be it said that he invariably warns such patients that if they want the best they must expect to pay well for it. It will undoubtedly cost considerable money, but the results will justify the expenditure.

"Your eyes certainly need attention, Mrs. —, and it would be a good plan to have it done while you are here in Chicago. The longer you put it off, the more serious the complication will become. But, whatever you do,

don't go to one of these cheap oculist fakirs. They are liable to ruin your eyesight."

"Who is a good man, Doctor?" is the natural inquiry.

"There are a number of able, competent oculists here. Dr. Seestraight stands at the head of his profession, and is probably the most satisfactory of the lot. I'll give you a card to him, if you wish. He has always attended to my eyes, and has given satisfaction."

This proffer is gladly accepted and when the patient leaves the doctor's office she carries a note of introduction to Dr. Seestraight. It is an innocent looking note, but it contains a hidden cipher which gives the oculist a tip as to the fee which he may safely name. This cipher is generally made in flourishes, under the doctor's signature, unintelligible to the patient, mere flourishes as it were, but perfectly plain to Dr. Seestraight. When the latter collects his fee he sends half of it to the physician who recommended the patient, and the incident is closed.

The same arrangements are made with certain pharmacists, dentists, and surgical instrument makers. There was one physician in Chicago who made it a practice to say to certain of his patients:

"You are getting along very nicely, but recovery would be much more rapid if you could take a little extra special treatment. But I hesitate to suggest it on account of the expense and the difficulty of procuring the proper ingredients.

"Darn the expense, Doctor, if the stuff will do me good. What is it, and where can I get it."

"There are several ingredients, and the only place in

Chicago where there is any prospect of finding them is at Doem & Doem's. But they don't always have a supply. They are foreign preparations, very expensive, and there is such little demand for them that pharmacists dislike to carry them in stock. I'll write the prescription, but I can't vouch for your getting it compounded. At any rate if you can't get it filled at Doem & Doem's, there's no use trying any other drug store."

"You dwell so on the expense, Doctor, that I'm curious. What will it cost?"

"The expense varies somewhat. The last patient I supplied with the prescription had to pay \$23.25."

"That's nothing."

The prescription is written and Doem & Doem find on it a cipher telling them that the patient will stand for \$25. As a member of the firm glances it over he says to the customer:

"This is a very rare and expensive preparation. It happens that we have just about enough material on hand to fill it, but I feel that I should warn you first that it will be very expensive."

"I expected that. Dr. — told me that it would probably cost \$23 or \$24."

"That would have been a fair price a few weeks ago, but since then there has been an advance in the cost of the materials and I shall have to charge you \$25."

"All right. Go ahead and fill it. A dollar or so won't stop me."

The customer gets an ordinary preparation which any druggist would be glad to sell at 50 or 60 cents, while

Messrs. Doem & Doem pocket \$12.50, and send a like amount to the enterprising doctor.

Nor is this practice confined to what might be called the tradesmen in medicine, the druggists, the surgical instrument dealers, and so on. It is followed by what are known as high-class surgeons, men of eminence in the profession, and even finds favor among the physicians themselves. It is no uncommon thing for the doctors to exchange patients and divide the fees.

"Really, Mr. —, you ought to consult Dr. Flubdub about that feature of your case," a doctor will say to a patient when he has about exhausted him on the fee proposition. "That particular feature is a little out of my line. It needs the attention of an expert specialist in that line, and Dr. Flubdub has made a close study of just such cases."

So the patient goes to see Dr. Flubdub and the latter is ready for him. He has been advised by phone as to what is coming about as follows:

"Hello, is this Dr. Flubdub? Yes. This is Dr. Grab. I have just advised a patient—Mr. —, to see you. He seems to have a little ear trouble that needs attention. He'll stand for about \$250."

Thanks to the tip given by Dr. Grab the ear specialist is able to speedily locate and describe the trouble with which Mr. — is afflicted. Dr. Flubdub names his fee at \$250, collects it, and sends \$125 to his worthy brother, Dr. Grab. It's a case of two pluck one.

When opportunity offers Dr. Flubdub returns the favor by sending patients to Dr. Grab who, in turn divides the fee, and thus the medical mill is kept busy.

Some physicians are very bold in demanding a division of fees as if it were right, rather than a honorarium. There is a letter in a certain office in Chicago, preserved as an evidence of gall, in which the writer says, when suggesting that he can send the recipient a patient:

"The woman will do just about what I tell her. She is business-like, and so am I. I think she will stand for \$200. Now, if you can see any money in that after giving me \$100, I'll send her to you; if not, why I know plenty of others who will take the case on those terms. She is my meat, and will go where I say. I am not charging \$100 for my time, but for steering the case to you. This is my game and I can steer the case where I please," etc.

Nothing modest or backward, no hesitancy about this. The writer comes bluntly to the point, without false delicacy or reserve. Well, to give the devil his due, the fellow was honest in his straightforwardness. He knew what he wanted, and didn't hesitate to ask for it. And the doctor who received the letter? Well, to tell the truth, he had conscientious scruples against that sort of thing, so he lost the case. Another physician of equal prominence got the patient, presumably on the terms named by the writer of the letter.

Speaking of deals between physicians and undertakers, Dr. G. Frank Lydston says:

"Over on the great West Side lives an undertaker friend of mine, who, in deference to his ancient and honorable vocation, we will call Mr. Watery Weeps. My friend Weeps has an eye to business; in faith, he has two eyes to business—both of 'em red; some say from

'red eye' homeopathically applied. I do not believe this theory regarding Mr. Weeps' headlights. Their peculiar bicycle lamp glow, like their excessive humidity, is due to his faithful, sorrowful 'proxifying.' In the course of my practice it did befall that a certain pulmonopathic vassal of mine—we will designate him as Mr. One-Lung, insomuch as he had no other lung—did feloniously, with malice prepense and aforethought and intent to deceive, up and die. Having a corpse on my hands, I naturally bethought me of my post-medical friend, Weeps, who undertaketh much in that vicinity. Weeps was prompt, and my late friend of the pulmonary solitaire was soon duly boxed and crated, ready for shipment to his ancestral home in 'Injianny,' whereupon quoth Weeps, lachrymosing his prettiest the while:

"'Ahem, Doctor, I am very much obliged to you for the favor you have shown me. I hope to do a large share of your business in the future. I expect a check for this job tomorrow, and will then extend to you the *usual courtesies* to the medical profession.'

"'Ah,' I replied, 'and what might that be?'

"'Why, 25 per cent. I call that pretty good, too, considering the hard times, don't you Doctor?'

"And my friend Weeps still thinks I was bluffing when I declined the 'usual courtesies.' Truth is strange, passing strange—stranger than fiction."

Then there is another class of physicians who will not hesitate to take advantage of a brother practitioner if they can do so to their own benefit. This is done in several ways: One method is to misrepresent the financial status of the patient whom he takes to an expert for

consultation. It is not long since a physician called up another by telephone and arranged for him to see a "poor patient" who could only pay a small fee for consultation. The doctor thus called upon discovered that the patient, who was a wealthy stock raiser from the West, had paid his doctor friend a good fee already, and had arranged to pay him \$200 more for the prospective operation—which the second doctor was expected to tell his friend how to do.

It is frequently the case that general practitioners call a consultant without making arrangements for the fee beforehand. It is unpleasant to spend half a day or night in consultation and then have the doctor say:

"Now, doctor, these people haven't got much money, so don't charge them a large fee."

The consultant thereupon cuts his fee in two.

"Well, doctor, I'll see that you get it in a day or two," is the reply. But the consultant never gets it. Should he protest, the family physician says, "Don't be in such a hurry, doctor, I haven't got anything out of the case myself, yet."

How easy it would be for the physician who calls the consultation to see that the fee is ready when the consultant comes. Unless there is an understanding that the case is one of pure charity, the physician calling the consultation should be held responsible for the fee. The consultant himself cannot always do so, but where possible he should stipulate beforehand that a certain fee be in readiness. The family physician who does not know that such a plan is best for his own interests is stupid.

An intolerable nuisance to the consultant is the doctor who writes a friendly letter asking for "the diagnosis, prognosis and treatment" of some case under his care. Rarely does he inclose a stamp, never a fee. The consultant who answers such letters, save to inform the writer that office rent cannot be paid by such consultations, is frequently laughed at for his pains, but this should be the rule.

A more "pestiferous professional parasite," if possible, than the foregoing, is the doctor who refers a patient from a distance, with a request to send the bill to him. Here again Dr. Lydston says: "I have sent many such bills first and last—accent on the 'last'—but have never received a remittance, nor do I expect my reward in Heaven. In the first place, I am not so sure about getting there, and if I were, and knew that those doctor debtors were going to be there too, I—well, I'd ask for a change of venue. As for the patients who are accessories to such professional 'hold-ups,' a fellow wouldn't want to chase around all over hades to collect his fees from them."

No less an authority than Dr. John P. Lord, president of the Western Surgical Association, in an address delivered before the association, said:

"The practitioner," he said, "will call a man of sufficient standing to enable him to name a fancy price as the consultant's fee, which he collects, and then remits the consultant the minimum fee. The graft element is also going into medical politics and some county societies are controlled by it."

It will be noticed that Dr. Lord does not find fault

so much with the division of fees, as with the unfair manner of division. His plaint appears to be, not that division in itself is wrong, but that the man who handles the money does not treat his professional brother fairly. There's a lot of truth in this, but the objectionable practice is mostly confined to a class of short-sighted practitioners who don't take the future into consideration.

Another doctor, speaking on the same subject, said: "This is an age of commercialism in medicine and surgery. Graft rules the majority. There are a few old fogies, like myself, who don't graft—but do you know why? Just because we're too old to learn how. Oh, yes, we'd all do it if we had a chance, I presume. We'd be forced to. Those who do it claim that they have to. It may be the public's fault, but it's certainly hard on the public which has to do the paying and which doesn't know whether it has stomach ache or appendicitis.

"In ancient Rome the doctors used to graft successfully. They'd place a finger on the severed end of an artery and say to the patient: 'Now, old fellow, just come across with the fee, right away, or the finger will be removed and you'll bleed to death.'

"We are coming to that. We may not work it in the same way, but the idea will be the same. Even now they—or we—want money before operations, and will endeavor to learn something of a patient's standing in the community before his check will be accepted. Wouldn't a business man do the same thing? And if surgery is becoming a business, why isn't it proper?

It is proper—from that standpoint. But, oh, the pity of the passing of old ideals!

“The whole matter seems to me a question of economics. The medical profession is a belated profession. We cannot collect a fee by statute under certain conditions—as when the call comes from a third party. We must have money. What is there left to do? Graft! Or ‘commercialize.’ That’s a nicer name for it. Let’s see now just what the public brings on its own head.

“There’s a man who thinks it is necessary that his leg comes off. He has nerved himself for the operation and has announced his willingness to pay, say \$250. A conscientious surgeon examines the leg and saves it without the use of a knife and the man recovers the use of it. In a few days he is able to sit up and dispute the bill for \$100, claiming it is exorbitant. What do you think his argument is? This:

“‘You didn’t have to operate. Why should it cost so much?’”

“That may not be logic, but it’s what happens right along. That is the grateful reply we get from many patients for saving them from mutilation. And it is things like that which have largely influenced surgeons, I believe, to operate when it is unnecessary. It is not right, of course. A surgeon should be as a father and mother to a helpless, sick soul. Still he is human and he must live. Like Robin Hood, there is a better class of surgical robber who takes only from the rich.

“You know, the rich are always in a precarious condition. It’s a mighty conscientious doctor who will tell a rich man that his trouble is only imaginary. The

average physician or surgeon will fly around briskly, 'dope' the man up and then probably remove a perfectly good appendix—bill \$2,000.

"I attended the son of a rich man who really had appendicitis at one time. The operation was successful and the boy pulled through, although I never saw a more serious case. I sent in a bill for \$2,000 and received no reply. I tried again and received no reply. Shortly afterward I met this man on the street—you'd know his name if I were to mention it—and he said, 'I have no intention of paying your exorbitant bill.'

"I wouldn't sue. Never do. Bad practice. So I compromised for \$500, although he could have paid \$10,000 without missing it—and the operation was worth it.

"There are rogues in every profession. There are brutes in the medical profession who will demand money from a woman before she is out of the anæsthetic—who will haggle with a dying man as to terms. And there are many of them. I could mention names of men in Chicago that would make you open your eyes. The really first-class doctor of the old school who retains the old ideas of the profession should have a halo. He deserves it. Of course he can't live by pursuing such antiquated methods as those of a gentleman, but then—says the rest of the world—who needs to live, anyway?"

The surgeon was asked about the number of cases where lives had been lost through carelessness or stupidity on the part of surgeons.

"Caveat emptor!" was his reply. "You know the old gag? Let the purchaser beware. He doesn't have to go to a poor doctor. Even some of the biggest grafters

are eminent surgeons and at the top of their profession. I do not underestimate their ability. But heaven only knows there are ever so many cases of recklessness or carelessness or foolishness which have taken lives. Patients keep right on dying, you know, in spite of doctors or because of them.

"A good example of graft which came to my notice is this: A young Swedish farmer called in a doctor in a small town. He had pains and other things and looked generally shot to pieces. The young doctor speedily discovered that the real trouble was lack of air—unsanitary conditions in the home.

"‘You haven’t typhoid fever, you goat,’ he told the fellow. ‘I’ll fix you in a few days.’

"He opened the bedroom window first. Some one had told the farmer he ought not to raise his window nights, and there he was sleeping in that foul atmosphere. No wonder he felt badly. Well, anyway, in the course of a few days my friend had him feeling better. One day he called up and said he ‘wouldn’t be around that day. It wouldn’t be necessary—patient better,’ and so forth.

"Then the quack hove in sight. Some one had heard of him and he was sent for. He gave the convalescent Swede one look and said: ‘My God, man! You’ve got typhoid! Back into bed with you immediately or you’ll die.’ The terrified farmer crawled back into bed and began to feel worse immediately. Then the quack ‘doped’ him religiously for a few days and ‘completely cured him.’ My friend had been let go in the meantime.

"The idea of the younger generation of doctors, I find, is just opposed to the old ideal. The young man wants

money and as a rule he isn't particular how he gets it. He hustles through school, gorges his mind for the 'quiz'—a ridiculous thing—and gets his diploma. No really good man could pass a 'quiz.'

"Some schools, of course, are good, and I will say that the material we have in this country of which to make doctors cannot be improved on; but, on the other hand, some of the schools—many of them—are so bad that no school at all would be better.

"I must say that I do not entirely agree with everything you have said in your book, but I must confess there is much truth in your statements. As for Dr. Lord's contentions—*anent* grafting, fee splitting and that sort of thing—well, almost everybody's doing it. I know that. The number of physicians and surgeons in Chicago who would not do it is so small that it would be like looking for a needle in a haystack to find them."

CHAPTER XII

PROPER HANDLING OF NOTES

There are times when as explained in Chapter X, the full fee cannot be obtained in cash on the spot. When this occurs the only way out of the difficulty is to get the patient to sign a note. But never, when it can be avoided, allow the note to be made payable to yourself. Draw it to the order of the patient and have him endorse it. Also make it payable at a bank, the name of which is specified. This makes it negotiable and, if the financial standing of the maker is satisfactory, it will be readily discounted wherever he is known.

It is comparatively easy for the maker of a note payable to the order of a second party to evade payment, or at least greatly delay it, on the plea of "no value received." It becomes doubly so in cases where the note is drawn in favor of a physician, or the maker lives in another state. When this occurs, and it cannot be shown that the paper has passed into the possession of an innocent holder for a bona fide consideration in the

ordinary course of business, there will be trouble in collecting on it should the maker repudiate the obligation.

In such event collection, if made at all, must be enforced through the medium of a law suit. This necessitates service on the maker. If he can be found within the limits of the state in which the note was signed he can be sued there, but, as a general thing, this is a forlorn hope. As a general thing it necessitates a court action in the state where the maker resides, and this means a hearing before a jury of his own neighbors. In such cases a non-resident claimant has small chance of winning, no matter how just his claim may be. And this chance is still further reduced if he is a physician. Residents of other states do not look with favor upon non-resident doctors. Not only this, but as a general thing they think it their duty to assist a neighbor in evading payment of an obligation to a doctor who is not one of them.

Notes drawn in the manner described—made payable to the order of the signer and endorsed by him—are not so easily repudiated. In short the burden of proof, should a contest be made, is not on the holder but on the maker. When such a note passes into the possession of a third party the only question about collection is as to the financial worth of the signer. Under this latter condition notes of this kind are iron-clad.

When suit is brought on a note made to the order of a physician, and the plea raised of "no value received," the holder must prove that full value was given and this is not always easy to do in cases of medical treatment. The patient may have been absolutely cured but, if he

chooses to perjure himself and deny it who is going to prove the contrary? It will be invariably held that no one is so competent to judge of improvement, or lack of improvement, as the patient himself.

Law suits are uncertain, expensive and often long drawn out. Frequently even the winner is a loser. An easy way to avoid this annoyance and outlay is to have all notes made in the manner described.

Never hold your notes. Always discount them at the first opportunity. If they are made by men of means living in the town or county where you practice the local bankers will be glad to handle them at a fair rate of discount.

There is a specialist living in Chicago who occasionally makes professional trips into other states. On these trips he frequently has occasion to take a number of notes. His patients are mostly farmers, and these rarely carry cash. Just before leaving a town he will go to the local banker and introduce himself, saying:

"I've been doing a little business in the neighborhood and, contrary to my usual custom, have taken part of my fees in the form of notes. If you have a few moments to spare I would be thankful for your opinion as to their worth."

He does not ask to have them discounted; does not try to dispose of them. The banker looks them over and comments on each somewhat as follows:

"H'm, that's John Smith. He's all right; good as gold. Owns 250 acres of fine land clear, and is prompt pay.

"Thomas Jones. Well, I'm not so sure about Jones.

He's good, but he's slow, and will stand you off if he can."

Thus he goes through the lot, commenting on the financial means and willingness to pay of each signer. When he has concluded the doctor gathers up the notes, replaces them in his wallet, chats for a moment about the weather and crop conditions, gives the banker a fine cigar, thanks him heartily for his courtesy, and turns to leave.

Country bankers make the most, if not all of their money by discounting the notes of their neighborhood farmers. They know the financial record of everybody within reaching distance. Men who are notoriously hard to collect from when the creditor is a stranger will pay the local banker without a murmur. They don't want to "get in bad" with him because they want a good credit when they have occasion to borrow money. The result is that the local banker can collect in full on notes which in the hands of other holders would be worthless. They dislike to see notes made by their neighbors leave their bank. Almost invariably the banker will say:

"What are you going to do with that paper, Doctor?"

"Take it back to Chicago, and hold it until it is due, I suppose," replies the doctor. "I don't know what else to do with it."

"I'll discount some of it for you, if you wish."

"Well, I wouldn't mind selling it if I don't have to pay too much of a share." (This in an indifferent manner, as if he didn't care whether he sold the notes or kept them.)

"Let me see them again," the banker will say, ninety-nine times out of a hundred.

The doctor hands them over, and the banker sorts out some of the best, remarking, "I'll take this lot at 8 per cent."

"Oh, no. I don't care to dispose of them in that way. It's a case of all or none. I might better take a chance on them all than to have the best culled out."

It usually ends in the banker taking the entire lot at 10 per cent. He will collect every dollar on them, and the doctor has got rid of a lot of paper on which he would have hard work in getting half of its face value. This plan seldom fails when carried out in the right way.

There is one class of notes on which the signers rarely make a contest. These are the ones given in payment for sexual treatment. A physician is, as a rule, safe in taking a note under these conditions as he can usually collect the full amount. Men are delicate about this trouble and don't want their friends and neighbors to know what they have been treated for. To resist payment means a law suit in which the physician will go on the stand and, under the questioning of his attorney, bring out the fact that John Jones, the maker of the note, gave it in payment of treatment for prostratitis, or some other sexual ailment. Pressed for details he lays bare the whole facts of the case to the intense mortification of Jones.

The doctor, of course, could decline to answer such questions on the ground that it would be a violation of the confidence existing between a physician and his pa-

tient, but he doesn't want to do so. He's there to collect that note, and in furtherance of this purpose he has posted his attorney in advance as to the questions to be asked.

Most men of sense know this and will pay their notes, regardless of whether they have been helped or not, rather than submit to the humiliation which they know will be heaped on them when the doctor takes the stand.

The hardest notes to collect are those given in payment for the treatment of ailments other than sexual disorders. But even these, if made out in the manner outlined in the opening part of this chapter, can be realized on in full. Suppose a man living in Iowa gives a note of this kind to a Chicago physician. The latter discounts it immediately at his local bank which takes it, not because the maker is known, but on account of the doctor's endorsement. Just before maturity the note is forwarded to the maker's local bank for collection. The local banker notifies the maker that it holds the note, which will be due on such a day. What does the maker do? Why, he antes, of course. The note is in the hands of his local banker, a person with whom he is anxious to preserve his credit. In such a case, with the note drawn to the order of the signer and endorsed by him, there can be no plea of "no value received." Besides, the obligation is in the hands of an innocent holder before maturity.

Beware of collection agents who want to take your claims on a percentage commission. Most of them will deal with you honestly at first on small accounts, and then get away with the entire proceeds of a big claim.

A few years ago a Chicago physician gave a number of ordinary bills to a local collection agency for which he was to receive the amount of the collections less 25 per cent, the agency to stand all costs. The agency did good work, made satisfactory settlements, and finally the doctor gave them a note for \$700 which he held against a man in another state. It was to be collected on the same basis—25 per cent. After several months of delay the agency advised the doctor that a compromise could be made at \$400. The doctor authorized its acceptance. More months rolled by, and, being unable to get word of any kind from the agency, the doctor wrote direct to the local banker in the town where the maker of the note lived. The banker replied, saying that the note had been paid in full (\$700 and interest) several months before, and it was then in his possession cancelled.

Since then this physician has had his own collector, under bond from a guarantee company, and gets whatever money may be taken in by him. It is possible that the physician might have prosecuted the agency, but here again he would have been in a dilemma. If he brought a criminal action it would not get him any money, and if he proceeded civilly the members of the agency were execution proof—they had nothing which could be levied upon. In either event, in order to prove payment, he would have to bring the banker here at his own expense—provided he was willing to come—so he concluded to drop the matter and accept it as a costly lesson.

CHAPTER XIII

PRESCRIBING OF REMEDIES

The time will come when the physician who has not made an arrangement with some pharmacist for a division of the prescription fees, will be obliged to resort to old-time methods and dispense his own remedies. He will have to do this, or go out of business—excuse me, I meant give up practice. It's high treason, unethical, to speak of a doctor as being in business, but there's no good reason for it. Anything that a man makes a living at is a business, and if the doctor cannot make a living, and something more, why he's in the wrong rut.

Barring the division arrangement referred to there are three things opposed to the physician's interest which the druggist must do, or give up his store. These are:

- 1.—Sell patent medicines.
- 2.—Prescribe over the counter.
- 3.—Charge exorbitantly for the medicines prescribed.

There is nothing in all this that is illegal, but it is opposed to the best interests of the profession. At first sight it appears an evidence of imbecility to send pre-

scriptions to be compounded by a competitor. Yet you send them to the druggist, who is your most active competitor. Not only is he one directly, but he is often the agent of some other doctor or doctors whose merits he glibly contracts with your demerits, for the edification of the patient. You tell him, time and again, not to repeat your prescriptions, but to no purpose. In some cases you know that he is giving commissions to one set of doctors, while his clerks are getting commissions from practice sent to others, yet you stick to him.

Now, there's but one solution of the problem. Every doctor who can should dispense his own medicines. The people like it, and the profession will soon learn to like it. The doctor can furnish medicines cheaply and still make a profit. The patient pays a bill for services and medicines much more cheerfully than one for services alone.

Not the least of the good things that would result from the doctor doing his own dispensing would be the familiarity with his working tools thus acquired. Most men enter practice without the least knowledge of the physical qualities of the drugs they expect to use. Many a man has prescribed, over and over again, remedies he never saw, smelt or tasted. The best doctor is he who is most familiar with his curative agents. Another desirable result would be the doctor's renunciation of polypharmacy. He would soon learn that the number of serviceable drugs is by no means legion. Where a number of doctors occupy an office, they should have their own dispensary.

When neither plan suggested is feasible, the doctor

should endeavor to find a druggist who, in consideration of having practically a monopoly of the prescriptions of that particular physician, will dispense his prescriptions on cipher and never without an order. It is possible to find such druggists. Self-interest is likely to induce them to treat the doctor fairly, when all other arguments fail. There is a peculiar advantage in this system in the fact that the doctors' favorite formulæ can be kept in quantities already prepared, thus saving time and assuring uniformity in dispensing. Under such an arrangement, too, the druggist is able to be much more reasonable in his prices. He is also likely to keep such special preparations as the doctor may request, thus avoiding the temptation to substitute.

One thing is certain in the relations of doctor and druggist, viz., the time is not far distant when the doctor will either dispense his own drugs or will boycott every druggist who counter-prescribes or sells patent medicines. The profession will not go blindly on forever, carrying grist to the other fellow's mill.

Next we must contend with the proprietary medicine fakir. The doctor's experience often breeds a lack of confidence in his remedies, and his materia medica narrows year by year. Yet his patients clamor for relief, and in despair the doctor receives, with open arms, the fakir who agrees to furnish him with speedy cures.

Behold the result. The pharmacopeia is fast drifting into the valley of dead lumber. It is no longer necessary to know anything of materia medica and therapeutics—the fakir attends to all that for us. We are no longer offended by the gratuitous insult offered us by

the proprietary medicine fiend, who knocks at our door, and, with the implied insinuation that he furnishes brains for the medical profession, clutters our office tables up with samples, the labels on which tell us all about diseases and the only preparations that will cure them. Pah! How most of them smell! And what a nuisance they are.

But the fakir has done his work well. He has evolved the ready-made doctor—man of all work, aye, slave to the fakir. How gently flows the current of Dr. Ready-made's professional life. No more incurable cases. No more midnight oil—for why should he be a slave of the lamp? No more worry. No more care. No more expenditures for books, journals and instruments. All the doctor has to do nowadays is to read the labels on the bottles and boxes of samples the fakir brings him. Does the patient complain of stomach disturbance? He is given "Stomachine." Are his kidneys working overtime? "Kidneyol" is the proper caper. Is there a pain lurking somewhere in his economy? Give him one of these pretty little tablets with a hieroglyph on it, which nobody knows the composition of—so the firm that makes them claims. Oh, the practice of medicine is so easy nowadays. Ready-made diagnosis and treatment—what could be simpler?

The proprietary medicine fakir begins his little song by assuring the physician that his wonderful preparation is for the use of the profession only. He is trying to introduce it "along strictly ethical lines." He has given the preparation a fanciful name and marked it with a special design "for the protection of the physician, who,

of course, wants to know that his patient gets just what is ordered." What an imbecile the doctor is. The chief objects of the special name and hieroglyphic design are:

(1) To induce the physician to order the preparation frequently, the name being catchy and easy to remember.

(2) To let the patient know what is ordered, so that he can prescribe it for himself and friends without the aid of a doctor.

Having popularized the preparation in this manner, the proprietary medicine man often advertises his wares directly to the public via the secular press. If the profession protests, the wily medicine man says: "Well, you indorsed it; the profession uses it; hence it is a good preparation and a benefit to humanity. Go to, you are bigoted and narrow-minded."

Now, brethren, while the foregoing remarks are fresh in your minds, try and recall the facts regarding "Scott's Emulsion" and the "Midy Capsule."

Not all proprietary medicine men take the newspaper route—they don't have to. The catspaw doctor does his work too well. Witness the "little joker" anti-pain tablet already mentioned. Probably ten times as much of this preparation is self-prescribed as is prescribed by physicians. It unquestionably contains drugs that should be taken only under medical advice, and yet physicians prescribe it in a manner which leads directly to self-prescribing by the laity. Is it possible that the Pharmacopeia offers no agent of equal or better merit? Has the manufacturer more wisdom than all the ages

past—to say nothing of the present age of progress? Or is this an age of medical progress, anyway?

We herewith submit the proposition that the medical catspaw is pulling the proprietary monkey's chestnuts out of the fire, every time he prescribes a proprietary article "protected" by special design and under a term that he who runs may read. The fakir laughs in his sleeve at the profession, and small wonder. It has come to pass that he owns us, and when his impudent agent demands a hearing at our offices we are tacitly given to understand that our time is his by right. Perhaps it is, by right of conquest, for the medical profession seems to be thoroughly subjugated. The distributor of drug samples is always working in the business interests of his firm and himself. How would it do to insist on payment for our time from the agents of some of our irresponsible, mushroom fake medicine factories?

There is another side to the picture. Drug manufacturers—even some of those engaged in the manufacture of quasi-proprietary medicines—have done much for pharmaceutic elegance and convenience. Many of our manufacturers are conscientiously proceeding along ethical lines. We are glad to welcome their representatives and their preparations. But, unfortunately, such manufacturers are a small minority. The physician should be careful how he prescribes the preparations of even reliable firms. Preparations with special and striking names should be prescribed under formula, where possible, and always in such a manner that the patient cannot prescribe the preparation for himself offhand.

We have much for which to thank some of our manu-

facturers, in the way of elegant and reliable preparations—honor to whom honor is due. We should none the less, however, guard our own interests. The manufacturers cannot always do so, and sometimes will not. There is no objection to secret methods of preparation of medicine so long as the formula is known. The physician should know what he is prescribing. It is an insult to offer him any other class of preparations. When prescribing he should prescribe under a term comprehending the formula of the drug, or under his own cipher. Where the nature of the preparation is such that he cannot do this, the doctor had better look elsewhere for a remedy.

Again we say, if you cannot make a satisfactory division arrangement with a competent pharmacist who will protect your prescriptions, and treat them as confidential, dispense your own remedies.

Never prescribe a proprietary remedy by its trade name. In so doing you advise the patient of what he is taking and in time he will buy it without your prescription or advice. If you are satisfied that the preparation is a good one and really has medicinal merit—which a few of them do—prescribe it, if you must, by formula. Don't let the patient know what you are giving him.

The money in the practice of medicine is in mystery. People don't attach much importance or value to things that they know. It is the mysterious that commands their attention—and money. Let a man know that you are giving him a certain proprietary preparation and he values it only at the established market price. Give him the same ingredients in the form of a regular prescrip-

tion, each item written out in its Latin name with the proper hieroglyphics for quantities, and he will rate you as a wonder worker. Add "aqua, quant. suf.," and he is knocked daffy.

It's simply another form of that peculiar trait of human nature which leads the average man to "kick" when his regular family physician charges \$5 for making a ten-mile call on a stormy night, when he will travel the ten miles himself and cheerfully pay a specialist \$25 for ten minutes' consultation in the latter's office.

CHAPTER XIV

CORPORATION DOCTORS

Of recent years many corporations, especially the large manufacturing and railway concerns, have made it part of their policy to employ doctors on contract. At first such jobs paid fairly well. It was to the interest of the corporations to engage men of reputation and they had to pay them. It sounded well, it created a favorable impression, to have it known that the United States Steel Corporation had engaged the celebrated Dr. Curem to attend to such of its employees as might become sick or disabled while in service.

Truly, a generous corporation, the public would argue. It not only looks after its sick and injured without charge to the unfortunate, but it gives them the benefit of the best medical and surgical talent obtainable. But the corporations did not do this from philanthropic motives. Not much. It was a matter of business.

Sickness and accident among a large force of employees costs money. The quicker it can be overcome the better off the company will be. But, the reputation for

philanthropy once established, the corporations began to economize in their outlay for medical expenses. For this the doctors and surgeons were largely at fault themselves. The plum was too tempting and there was a keen competition for it, with the result that prices took a sharp tumble.

Physicians with a small practice who heard of other doctors getting \$5,000 a year to look after the sick and injured employees of a corporation argued that they would like to do the work for \$2,000. It would ensure living expenses, and what they could pick up on the side in regular practice would be profit. They didn't know, until too late that the demands on their time would be such that they would have little opportunity for outside practice, and that the \$2,000 they received from the corporation would cover their entire income. So they began bidding and wire-pulling against one another, and the corporations, wise unto their day and generation, took advantage of the unseemly competition.

In no one line of corporate endeavor is this competition more keen and noticeable than in life insurance. It is not so very long ago that the position of medical examiner for a good company was a respectable, lucrative position. What is it now? It is safe to say that there is hardly a company in the field to-day that pays a decent sum for its medical examinations. The doctor is the watchdog of the company's treasury. He stands between it and great financial loss. He protects it against fraud. A slight error or the least degree of negligence on his part may cost the company thousands and thousands of dollars. The issuance of a policy is a very im-

portant business transaction. The doctor stands in the same relation to it as does the lawyer who examines the abstract in a real estate deal. Contrast the fee allowed the medical examiner in a case involving the issuance of a \$100,000 life insurance policy and that received by the lawyer who examines the abstract in a real estate transfer involving \$5,000, and my argument is complete. Some companies expect to secure all of an expert examiner's time—and actually get it—for \$2,000 to \$3,000 a year. It might be well to contrast, also, the commission received by the agent who writes the policy, with the medical examiner's fee.

In the case of our fraternal societies the examiner's fees are pitifully low, so low that a busy man cannot do the work save at a great loss of time. There are some extenuating circumstances in the case of the co-operative societies. In the case of both old line and co-operative insurance, however, only the overcrowded and generally poverty-stricken condition of the medical profession can possibly explain the fact that good men are to be had so cheaply.

Railroad and manufacturing corporations have no difficulty in securing doctors to look after their interests at a rate so low as to reflect on the respectability of the profession at large. There are, for example, instances in which doctors are rendering for \$300 a year services that should bring several thousand dollars at very ordinary fees. In addition to this direct cheapening of professional values, the company or corporation surgeon is expected to go on the stand as an expert and prevaricate in the interests of his employers. As a corollary, he is

expected to testify against the interests of the poor fellow who, perhaps, as the result of the company's wilful neglect, has only the wreck of a once vigorous manhood with which to oppose the company's immense capital. And this the doctor does in an uncomfortable proportion of cases.

When the charge is made that he "prevaricates" it is correct. It would be pitiful, indeed, if the expert opinions rendered by some corporation doctors were the result of ignorance. The corporation expert does not always prevaricate. The truth may be the best card to play. He had better not let the corporation catch him telling the truth, however, when said truth is prejudicial to its interests. There is an ax, my brethren, an ax that is ever ready.

Speaking of corporation surgeons reminds me of the fact that practice in the neighborhood of our large factories is rather poor picking for everybody. There is plenty of work to be done, and there would be considerable income derived therefrom, but the corporation surgeon gets it all, and receives a mere pittance therefor. The corporation claims to employ a surgeon for humanity's sake. This is pure hypocrisy—the doctor is employed for its own protection. Every doctor knows of cases in which, by the co-operation of the claim agent and the surgeon, an injured employe has been induced to sign away his manifest rights. He is usually denied the right to select his own surgeon. To the non-partisan medical observer, the bitter opposition of the average jurymen to corporations is in no wise remarkable. It will be argued that there are plenty of honest corpora-

tion doctors. Grant you that, but it is hard to see how they hold their jobs.

Then there is a hurtful disposition to fraternize. In the good old days the regular profession ostracised him who consulted with that horrid bugaboo, the homeopath. It has come to pass that the regular lion has laid him down beside the homeopathic lamb. And when they rise again the mutton shall be no more, and the lion shall have waxed fat. The latter-day regular has gone farther, and hobnobbed, as on equal terms, with "osteopaths," "Christian Scientists," "faith healers," and others of their ilk. Not so? Oh, yes it is. It is not long since the Physicians' Club of Chicago invited representatives of these creeds to break bread with it, and formally discuss the merits and demerits of their theories as opposed to regular medicine. The affair was given great publicity in the newspapers, and the wise layman, reading thereof, laughed exceedingly merry and said, "What fools these doctors be."

And, from a business, politic and social standpoint, were they really so very clever? Tre Physicians' Club gave these people standing in the public eye, and by inviting them to a joint discussion, gave them professional recognition—a recognition they were not slow to use as a valuable advertisement. If a dinner invitation does not constitute social recognition, what does? This action of the Physicians' Club did more to further the interests of these people than they themselves could have done in a year. Still, mistakes will happen, and the worst that can be said of the club is that it made a serious, impolitic and unbusiness-like blunder.

It is much easier to direct attention to faults than it is to suggest remedies therefor. In most of the points here made, the remedy suggests itself. In general, the remedy lies in an improvement of professional *esprit de corps*. With a betterment of this as a foundation, much can be done to improve the business aspect of medicine in its higher sense. The time will come when professional co-operation in the broadest sense will be absolutely necessary if we would survive.

A little of the proper spirit of trades unionism might not be a bad thing. So far as the strictly financial aspect of legitimate practice is concerned, the sooner we impress the public with the idea that we appreciate our own market value and insist on its appreciation by the public, the better it will be for the profession. Once let it be understood that ours is a business-like and financially sound profession, and the *hoi polloi* will give us the respect that is our due. The public should have frequent and pointed reminders that there is more than a philanthropic side to our labors. The doctor's wife and children deserve quite as much consideration as the layman's.

"I know that the world, the great big world,
From the peasant up to the king,
Has a different tale from the tale I tell,
And a different song to sing.

But for me—and I care not a single fig
If they say I am wrong or right—
I shall always go in for the weaker dog,
For the under dog in the fight.

I know that the world, the great big world,
Will never a moment stop
To see which dog may be in fault,
But will shout for the dog on top.

But for me, I shall never pause to ask
Which dog may be in the right,
For my heart will beat, while it beats at all,
For the under dog in the fight.

Perchance what I've said were better not said,
Or 'twere better I'd said it incog;
But with heart and with glass filled chock to the brim,
Here's luck to the under dog."

CHAPTER XV

MEDICAL "STEERERS" AND THEIR WORK

Every doctor has his steerers, people who drum up business for him. In many instances it is a service willingly performed out of real affection and confidence in the skill and ability of the physician. The latter is unconscious of any such influence being exerted in his behalf until he is told by some new patient, "I was advised to come to you by Mr. —, who says you are the only man who ever did him any good." This is "steering," legitimate, unpaid-for steering. The doctor is, of course, grateful to Mr. —, or ought to be, but it is seldom that he gives the matter a second thought.

Then there is another kind of "steering," the cold, commercial variety in which the labors of the steerer, if they are successful, are rewarded in coin of the realm. Nearly every advertising physician—and some who do not advertise—has one or more of the genus "steerer" on his staff.

There is just as much caste, just as pronounced a social distinction in this calling as there is in the medical profession itself. The cheap doctor has cheap, rough

steerers; the doctor who is higher up in the social scale has smooth diplomats in his employ. The object of all is the same—to get business for their employer, and the more business they get the larger are their incomes.

There are some steerers who think themselves well repaid if they are handed a dollar for each patient they land in the office of the physician who employs them. These are the men who can approach only a cheap class of people to whom a five dollar fee is the limit.

The better class of steerers, the men who work for the big fee getters, scorn a salary, or a stated amount for each patient. They prefer a percentage, usually one-quarter of the fee secured from the patient. There are men in Chicago who are making \$150 a week in this occupation.

Go into the rotunda of any first-class hotel in Chicago, New York, or some other large city and affect to walk lame as if afflicted with locomotor ataxia, or make up to resemble a confirmed invalid. It will not be long before you will be approached by some well-dressed, prosperous-looking individual who will say:

“Beg pardon, sir, but you appear to be suffering from locomotor ataxia. You will excuse me for addressing you, but I was afflicted in the same way myself for ten years, and have a sympathetic feeling for fellow sufferers.”

If you are a genuine sufferer this will command your attention. Here is a robust, healthy man who tells you that for ten years he was afflicted with the same ailment which you have been assured by many physicians

is incurable. Naturally you want to know how the disease was overcome. The stranger smiles, and says:

"Why the thing is so easy it sounds ridiculous, and I dislike to tell of it on that account. For eight years I doctored, and spent a large amount of money, without obtaining the slightest relief. About two years ago I read in a magazine of a new treatment with which wonderful results were being accomplished. After so many failures I naturally didn't have much faith, but things couldn't be any worse so I decided to investigate. What I learned led me to take the treatment. There was an improvement after the first week, and at the end of the sixth month I was just as sound as I am to-day. That was eighteen months ago, and there are no signs of a reaction of any kind."

By this time the real sufferer is deeply impressed. Here is a prosperous stranger, once a fellow sufferer, dangling before his eyes the hope, nay, the certainty, of cure, with no other object than that of sympathy. It is the one chance for which he has been so long and fruitlessly seeking.

Pressed to tell where this wonderful treatment may be had, the "steerer," if he is one of the sharp ones, will be apt to say:

"I believe the address is No. — Michigan Avenue. Let's see, I think I have the doctor's card in my pocket somewhere."

Meantime he searches through various pockets (knowing full well all the time where it is) and finally locates the doctor's card.

"Ah, yes, here it is. 'Dr. —, — Michigan Avenue.'"

Adroitly he changes the topic at this point, shifting to the various features of the disease itself, its excruciating pains, the cushion-soled feet, loss of various bodily functions, and other unfailing accompaniments of the ailment. Comparing notes the two find that they have suffered much in the same way (all ataxia patients do) and from that moment there is a strong bond of fellowship between them.

The smooth steerer tells of the various treatments he had taken at great cost and without results, glibly describes the many drugs swallowed, and the tortures endured with mechanical appliances, such as the "hanging" process, winding up with "but not one of them did a bit of good until I took up the — — treatment."

The actual sufferer has met a congenial spirit, and talks freely. Without realizing it he tells of his business affairs, his financial condition, and similar matters. During all this the steerer makes no suggestion that he should call on Dr. —. Far from it. He studiously avoids anything of the kind. The bait has been cast and the fish will rise to it of his own accord. Having secured all the information he wants the "steerer" will rise and excuse himself on the ground of an important business engagement. Handing out a neatly engraved card he says:

"If you ever come to New York, Mr. —, I would like to have you hunt me up. I'd stay longer with you this afternoon, but for this pressing engagement."

The card reads about like this:

MR. G. ADDINGTON WELLS

1027 Broadway

Structural Iron

New York City

The card is a blind. "G. Addington Wells" is an assumed name. But it sounds well. Your smooth "steerer" never pretends to live in the same city in which he finds his victim. It might be too easy to locate him in case he was wanted. He lives in Chicago, all right, but he assumes the role of an Eastern business man here on business purposes. His appearance, his general "get up," his talk is all impressive and calculated to beget confidence. That's his business. He's a fake all through, even to the nature of the ailment with which he pretends to have been afflicted. He was never seriously ill in his life. But he's a clever fakir; we must give him credit for that. He's an artist in his line.

There is one man of this kind in Chicago so thoroughly posted in medicine that he can accurately describe the symptoms and characteristics of half a dozen chronic ailments, and in one week has successfully played the role of having entirely recovered from each. If he meets a tabetic sufferer he has been successfully treated for tabes, and will converse intelligently about tabetic conditions. Chronic arthritis, nephritis, paralysis agitans, lateral sclerosis; they are all known to this chap.

He's had them all—in his mind—when he wants to impress a sufferer, and he seldom makes a mistake.

Almost invariably as the "steerer" is about to leave the sufferer will say: "If I can stand the trip I'll go down and see this Dr. — this afternoon. How far is it from here?"

"Well, it's quite a journey for a man in your condition, but I'll tell you what I'll do. If you want to go now you can ride in my cab. I'm going that way and I'll drop you out at the doctor's. He will see that you get back to the hotel all right."

This suits the sufferer, who is pleased with the attention shown him by the "steerer." The latter excuses himself for a moment while he "telephones for a cab." He goes into the telephone booth but, instead of calling for a cab, he rings up the doctor.

"Hello, is this Dr. —? Yes. This is Wells. Just landed a good one at the La Salle. Will bring him down in about twenty minutes. Name is Smith, banker at Pontiac. Well fixed."

Then he rejoins the sufferer, escorts him carefully to the sidewalk and places him in a taxicab. The doctor's office is not far off, but the chauffeur takes the longest way, and during the ride the "steerer" tells of having lived in New York all his life with the exception of the six months he was under treatment in Chicago, and dilates upon the wonders of the Eastern metropolis. On reaching the doctor's the "steerer" looks at his watch, saying:

"I've got ten minutes to spare so I'll go up to the doctor's office with you."

The sufferer is glad of this assistance, and when they reach the office is impressed by the dignified appearance of the specialist who greets "Wells" warmly.

"How do you do, Mr. Wells. I was afraid you had forgotten me."

"Oh, no, Doctor, I couldn't do that, after all you have done for me. But, really I can't stop to talk now. I'll see you again before I leave town. Dr. —, this is Mr. Smith of Pontiac, who is suffering the same as I was. If you do as well for him as you did for me I think he will have reason to be glad he came here. Good day, gentlemen. Excuse me for my haste, but I must get away."

"Fine man, that Wells," says the doctor to Mr. Smith, after the "steerer" has gone.

"Yes, indeed," replies Smith. "Mighty glad I met him. He has given me a lot of valuable advice and aid."

"One of the toughest cases I ever had," continues the doctor, "but I pulled him through all right, and I'm proud of it."

By this time Mr. Smith is an easy subject to handle. "Wells" has paved the way, and the doctor does the rest. Smith pays a good-sized fee, say \$1,000, and begins treatment.

Later in the day the "steerer" calls on the doctor again and gets his bit—\$250. Any chance for the doctor to hold out on him? Not a chance in the world. In the first place he is too valuable a man to lose and it is to the doctor's interest to treat him fairly. Besides this the "steerer" is in position to protect himself. If he has any doubts about the size of the fee he will drop in on Mr.

Smith again at the hotel the same evening "just for a moment's chat before I leave the city."

"How did you get along with the doctor, Mr. Smith?" he will ask.

"Very nicely. He seems to be a good man, and apparently understands his business. But he's pretty steep in his fees."

"Yes; he's a good man, and an A No. 1 physician. As for fees, all these big specialists charge pretty well, but we shouldn't mind that if we get relief. I paid him \$1,000."

"That's just what he charged me," says Mr. Smith.

After a few moment's chat the "steerer" leaves, satisfied that the doctor has given him the agreed-upon commission. If, on the other hand, he finds that the doctor has "held out" on him he hunts him up and remonstrates. Should this be of no avail the "steerer" severs business relations with that particular specialist, and makes a compact with one of his competitors. Good "steerers" are always in demand and the doctor who picks up an artist in this line is pretty sure to use him well so as to make sure of retaining him.

It is not every day that the steerer can pick up a patient that will net him \$250. Sometimes his "bit" will not be more than \$12.50 or \$25, but it is safe to say that a smooth man who thoroughly understands the business can easily average \$150 a week. He takes life easy, dresses well, and lives on the fat of the land. Few patients after paying a big fee to the doctor feel like staying at an expensive hotel for any length of time. Besides this the doctor generally manipulates matters so

that the patient finds it to his interest to board at some place recommended by the physician. This clears the road for the steerer at the hotels and leaves him free to operate among them without fear of running into any of his victims. In a city where there are a number of large hotels it is an easy matter for the steerer to so regulate his movements as to avoid suspicion by being seen around any one house too often or continuously.

There are women "steerers" also, but they work in a much different manner from the men. In nearly every community there are women of business instinct who are not averse to earning some "easy" money. One of these women will make an arrangement with Dr. Sweatem by which she is to receive a commission on all the patients she may send him. Her commission is not so large as that given the men steerers because she does not work among strangers, or personally take such patients as she may secure to the doctor's office. Still it is a handsome sum—generally 10 or 15 per cent of the fee—enough to give an active, influential woman a very respectable income.

The woman "steerer" makes it her business to join various clubs and churches, take part in all women movements, and to get acquainted with as many of her sex as possible. She especially cultivates the acquaintance of well-to-do women who are real sufferers, or imagine themselves to be afflicted in some manner. She encourages them to talk about their physical troubles, is kindly sympathetic, and, at the proper moment makes delicate suggestion that it would be well for the sufferer to see Dr. Sweatem.

"He's such a grand man. Seems to know just what to do, and has been so successful in treating a lot of my friends. I wouldn't think of going to anyone but him myself."

Thus the seed is sown, and in time bears fruit. The well-to-do sufferer goes to see Dr. Sweatem and is relieved of a good fee, if nothing else. The doctor in the meantime has been advised over the phone by the woman "steerer" that Mrs. — is coming to see him, and informed as to her financial condition, as well as the nature of the ailment with which she thinks she is afflicted. Armed with this information he knows just what to do when Mrs. — arrives at his office, and the patient is deeply impressed by the manner in which he so accurately diagnosed her case at the first interview.

Another point of information always conveyed in advance to the doctor is the age of the prospective caller. Thus advised, when the interview does take place he is in position to say:

"A woman of your age—let's see, you're not over 32, are you, Mrs. —? — ought to," etc.

"Oh, yes, Doctor, I'm 40," will be the answer.

"You surprise me. I would never think it."

Foxy doctor. He knows all the time her exact age because the "steerer" has told him, but he's too smooth to give himself away. And thus he makes another ally, and easily-duped patient. As for Mrs. —, she is enthusiastic. She reports her visit to the "steerer," saying:

"I'm glad you advised me to go. He's a splendid doctor; perfectly lovely, and I know he's going to do me good."

And he does. Not only that, but the chances are that her enthusiasm will give Dr. Sweatem opportunity to "do" the patient's intimate friends and relatives also.

CHAPTER XVI

WHAT SHOULD THE PHYSICIAN DO?

All this leads up to the question "What is the young physician to do?" The majority of them can remain strictly ethical and drag out a miserable existence, so far as getting a livelihood from the practice of their profession is concerned, because they never should have studied medicine in the first place. Those who are equipped by nature and education for successful practice, may gain a competence by imitating some of their elders (those who howl the loudest about violation of ethics) and throw down the bars. Just how far they may graze in the non-ethical pasture is a matter for each practitioner to judge for himself.

According to the *Journal of the American Medical Association*, the organ of the strictly ethical cult, there are 140 "acceptable" medical colleges in the United States, turning out on an average of 5,000 young doctors annually, to say nothing of those graduated from other schools. The census of 1900 gave the number of physicians in the United States, including Alaska and Hawaii, as 132,439, an average of one to each 122.5 fam-

ilies. But these are not distributed pro rata. Naturally the doctors are most numerous in the thickly settled parts of the country. Hawaii has one physician to every 1,412 persons, and Utah one to every 907. The ratio in the entire United States is one to every 575.7 people. In the District of Columbia, however, which is virtually co-extensive with the limits of the city of Washington, so far as population is concerned, official figures show one doctor to every 297 residents. Chicago, with a population of 2,185,283 people, has 4,432 doctors, one to each 515 people.

The plain fact is that the medical schools are grinding out alleged "doctors" too fast, and without proper regard for individual qualifications. But there is some sign of improvement. The better class of colleges, notably Rush Medical and the College of Physicians and Surgeons, have called a halt, and are insisting upon a higher grade of attainments for admission, and upon a more thorough and searching examination at graduation time. Last year the College of Physicians and Surgeons alone turned away 150 applicants as not being fitted for a medical career. This new system has had the effect of greatly reducing the number of candidates for medical diplomas. In 1900-1901 Rush Medical had 1,055 students on its rolls; in 1909-1910 the number was only 584. The decrease at the College of Physicians and Surgeons, while not so marked, was still a healthy one. In 1900-1901 this college had 676 students; in 1909-1910 the number had dropped to 529.

But, despite this reduction, the number graduated every year is still much too large. There are at least

2,000 alleged "doctors" turned loose every year whose medical services could well be dispensed with—with profit to themselves, and more safety to the community. Taking the average of one physician to every 122.5 families it follows that, in order for each doctor to earn the modest income of \$2,000 a year each family must contribute \$16.31 in fees every year. This is preposterous.

Again we are brought face to face with the question, "What is the young physician going to do?" As said before, he can kick down the bars of the ethical field and emancipate himself, if he has brains, courage, and a winning address. Or, he may assist in the formation of a sort of labor union for the maintenance of fees and the black-listing of dead beats. This latter course, however, is not likely to prove effective, as there are too many needy ones in the profession ready to remain outside of such a union and grab what they can.

Dr. W. A. Evans, commissioner of health for the city of Chicago and for twenty years in touch with the medical profession, says that hundreds of physicians in Chicago are virtually without means to support their families. What a man situated like this often does do in the circumstances may work disaster even upon the general public. He may help put the records of the health department to the bad. Here is an example in point.

"A young doctor is called into a family which lives in the rear of a man's place of business, above the store or next door to it. The competent young physician discovers a patient suffering from diphtheria, scarlet fever, maybe smallpox. The law requires the posting of pla-

cards and the isolation of these victims of contagious diseases. But at once the family in such close connection with the place of business recognizes what such a placard may mean to the business by which the family of the patient lives.

"Will you imagine the pressure that may be brought to bear on this physician whose own family is so dependent upon him? Isn't it reasonable that with sufficient compensation offered him he is likely to cover up the infectious case? Or if the family has not thought of offering the inducement, the young doctor himself may propose it and ask the limit of compensation."

Educated, brainy physicians of high standing, are beginning to balk at some of the ethical commandments which bar the way to a doctor's increasing his income. When Dr. Oscar A. King was asked what he thought about the division of fees, he said:

"Why not? The physician who has diagnosed the trouble and finds that an operation is necessary may have paid only two or three visits to the patient at \$2 or \$3 a visit. The result is that, honestly, he must give his patient over to a surgeon. 'What surgeon?' is asked most frequently by the patient. Honestly the doctor names a man who has taken many cases from him and most successfully. But where the physician gets \$8 or \$10, the surgeon may get \$150, \$300, or \$500. And—except for the physician—the surgeon never would have heard of the patient."

"It's all fair enough if openly above board," said Dr. Evans, in reply to the same question. "It would be a most logical thing in business, only that the public is not

prepared to compare business with the professions of medicine and surgery. When it comes home that both doctor and surgeon must be assured of a living, however, the fact is a jar to the purely ethical."

Another physician said: "I have just had an experience along the line of the split fee. An old doctor friend of mine discovered the presence of gall stones in his patient. It is a difficult thing to diagnose with certainty. My friend, however, made no mistake and received \$25 from the wealthy patient. The surgeon who operated in the comparatively simple case got a fee of \$500. It would have been only fair for the physician to have received part of that \$500 fee, and I think he was a chump if he did not get it."

"But you can't put a profession on a business basis," shriek the high moguls of ethics. Why not? On this subject Prof. George Burman Foster, of the University of Chicago, speaks plainly, as follows:

"What is the difference between a profession and a business? Is it, as was once thought, that the former is fulfilled by the mind and the latter by the body? But, for example, dentistry is quite manual and engineering or carpentry quite mental as well. Besides, the old idea of a dualism between mind and body is no longer held by the modern man. Then is the difference that the profession is 'learned' but the business is not?

"But we have men who are not college graduates entering the professions, while business of a higher order is clamoring for college graduates. Besides, we have changed our notion of what constitutes 'learning' and concluded that the man who by experience has learned

'life' may know quite as much as the man who has learned books in the school. But is the difference, then, that the professional man receives a special professional training, while the business man does not? But farmers are going to agricultural schools, while the majority of preachers still do not go to a theological school!

"Shall we say that the professional man is distinguished by eminent character and ability, while the business man is not? Hardly. We know that while the business principle is pagan and not Christian to-day, still the average business man is quite as good as the average professional man, no matter what the profession may be.

"Who deserves more honor—the farmer who provides us with our daily bread, or the dentist who keeps our teeth so that we can eat it, or the physician our stomach so that we can digest it?

"The best sign of our time is the growing sense of the worth of the profane, of the secular, and a growing depreciation of what once was called 'sacred' and 'holy.' To be sure, of the professions the 'clerical' is still regarded as 'sacred;' but since the religion of the future is to be a secular religion, the 'sacredness' of the ministerial office will in time pass away.

"The students in our schools to-day are taught this. They see that the distinction between profession and business is at last only traditional. They are bent on fulfilling the task which is in accord with the incentive and legislation of their special natures and characters. They know of something above the old honor of the profession and the new money of the business—namely:

the unfolding of moral personality and the service of their brothers.

“They seek the calling, disregarding the old distinctions, which is adapted to the growth of their peculiar self and to the service of the brother. Hence, the wall of partition has been broken down by interests that are above profession and above business.”







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